		death	funeral	Jan /
LAND 21201	1	nin 24 hours after	Sould be filed wi	er must be rotifie
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201		TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the latter infricate be executed within 25 hours after death retained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed to find the physician and completely deal in by the funeral should be detached for use as the buriol-transit permit. Then ple the should be detached for use as the buriol-transit permit. Then ple the should be detached for use as the buriol Hought permit buriol, cremation, as removal.	MPORTANT. If Hem 21 is marked or Hem 18 shaws any injury, ar other traumatic event, the medical examites must be faithed at any
PRESTON ST., BA		destina e fificat	TO FUNERAL DIRECTOR. After this certificate has been signed to the interior physics should be detached for use as the buriol-transit permit. Then ple to the control the buriol-transit permit.	r traumatic event, t
CORDS, 201 W.	-	w requires the	been signed that hit Then ple prior to buriol, crei	ony injury, ar other
ON OF VITAL RE		tySiCIAN The la	burial-transit perr	or Hemal 8 shaws
DIVISIO		ATTENDING PH	ECTOR After the	em 21 is marked o
		TO HOSPITAL OR ATTENDING PHYSICIAN The retained by the hospital or attending physician	should be detached the State Dec	IMPORTANT. If He

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	48	REGISTRAR			CERTIF	ICATE OF DEATH	REG NO		
·	1 DEC	DEASED NAME FIRST		MIDDLE	1	AST	20 DATE OF DEATH MONTH	DAY YEAR	2b HOUR
	TITPE	Concet	ta	cestone	Alo	ngi	October	8,1987	6:56
	3 SE)	Female	4 RACE Cauca	sian	5 DATE O	28-1898 YEAR	6 AGE (IN YEARS LAST BIRTHDAY) 89	IF NDER YEAR	BOWR MIN
7	Ιŧ	RTHPLACE ATE OF FOREIGN OUNTRY	USA	WHAT COUNTRY?	MARRIE		BALTIMORE CITY OR COUNTY Charles Cour		MD
7	I	ty or town of death aPlata	Physic	ians Mem	orial	Hospital	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUSEWIFE.	126 KIND O INDUSTRY HOT	F BUSINESS OR
à	13a S M S			la Pla		13d INSIDE CITY LIMITS? YES NO XX	RR 2 BOX 236	[€] 4E/ 20	0646
)	I4 FA	Joseph	MIDDLE	Celsito	ne	15 MOTHER'S MAIDEN NA	me unavailable	IAS	5
		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU 219-46		17 INFORMANT	A. Barbour -		
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7	ATION	RECEN.	T M	YOCARD:	TAL	INFAKCT N WAS PERFORMED	E8N.	ES, WERE FINDIN	
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	W	AT WORK NOT WHILE		EET FACTORY OFFICE F	ARM ETC)	STREET	RITY OR TOWN	CINIY	TATE
		270 I certify that (I) (this haspi saw the deceased alive an above, (I) (we) (did) (did no		0-8- 10			death occurred on the date and he	our and from the	
		226 SIGNATURE V. Anu	ango	endes			MEDICAL STAFF DIRECTOR PHYSICIAN	226 DATE	SIGNED - 8-87
/		22d PHYSICIAN'S NAME (TYPE C Ammangandla		M.D.		P.O. Box 282	Charlotte Hall,	MD. 206	532
-		urial, cremation, removal	23b. DATE	23c N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
	1	SPECIFY) RIIRTAL	10 12	87 I A	rlin	aton Com	D. T. T. T. T. O.D.	Ami in	at omate VA

DHMH = 16 60M 7/84

BP

Huntt Funeral Home (VRA 15, 4)

FOR

OCT

24 FUNERAL DIRECTOR

P. O. box 156 250 DATE REC'D BY REGISTRA 256 REGISTRAR'S ST. AL REC'S Waldorf, Md. 2060 OCT 13 337.

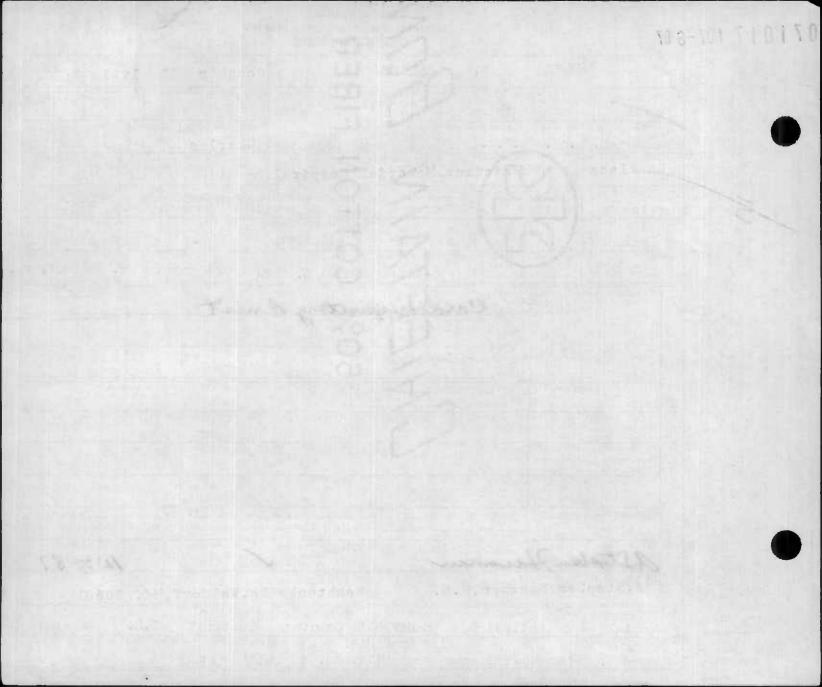
STATE OF MARYLAND CERTIFICATE OF DEATH

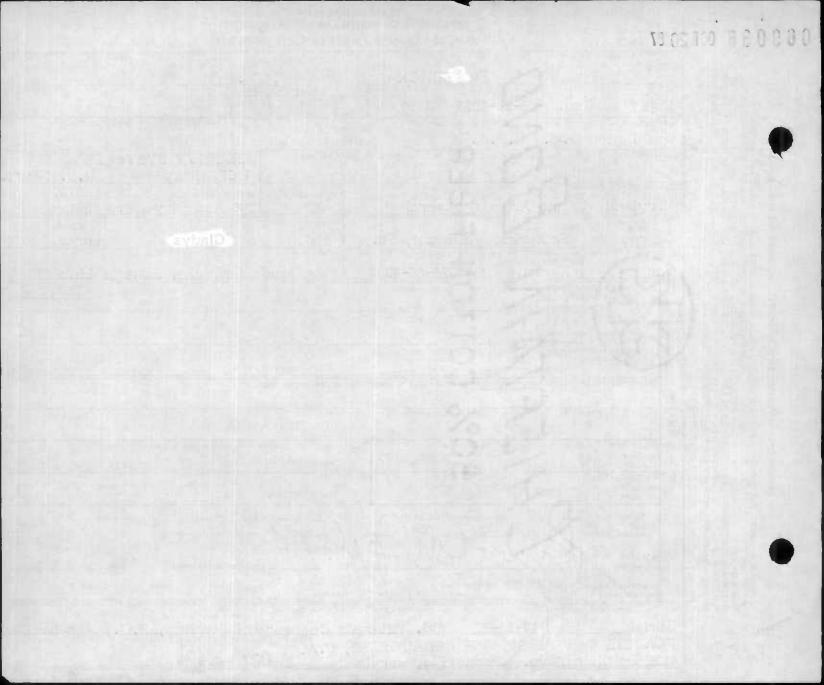
DEPARTMENT OF HEALTH AND MENTAL HYCIENE

REG NO

1	T DECEASED NAME ELVA	M. A	ast	October 31		7:30P M			
	Female	4 RACE Caucasian	Apri.	DAY _ MEAR.	6 AGE IN YEARS LA BIR'HDAY	YRS IF THER ARE	F N FR : H		
2	Washington, D. C.	76 CITIZEN OF WHAT COUNTRY? $U_{\bullet}S_{\bullet}A_{\bullet}$	MARRIEI WIDOWE	NEVER MARRIED DE DIVORCED	Charles				
2	La Plata		HOSPITAL NURSING HOME OR OTHER INSTITUTION			IZE KIND O	A A		
5	UBUAL RESIDENCE LIF NURSING HOME OR 130 STATE 135 COUN Charl			13d INSIDE CITY LIMITS?	13e STREET ADDRESS ZIP 2602 Fergusor	Court 20	0601		
0	Lexious	Wood		15 MOTHER'S MAIDEN NAME Elizabeth	with the real of t	Cook			
1	60 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC 577-84-3		Thelma E. Fo	rd 2602 Fergus	son Ct. Wa	ldorf, Md		
	PART I DEATH WAS CAUSE	APPROS BETWELN	KIMATE INTERVAL ONSET AND DEATH						
2	19a DATE OF OPERATION	DUE TO, OR AS A CONSEOU ;c) CONDITIONS CONTRIBUTING TO	DE ATH BUT		200 AUTOPSY? 20b	IN GIVEN IN PART II IF YES, WERE FIND I CERTIFYING CAUSES YES [7]	NGS USED		
7	710 ACCIDENT WAS UNDERTYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	21¢ HOW INJURY OCCUR	RED I NIEK NA RE OF ". + IN I				
	FEITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 11 A IN A WHILE A WORK	21e PLACE OF INJURY		21f LOCATION	NWOT RO YII ;) (N) Y	ATE		
	220 I certify that (1) (XXXX)	XX attended the deceosed from, 10/13 19	1/17 87	19_85	to 10/31/87 death occurred on the date as		that I K e last couses stated		
-	a Stephen	Hauman			MEDICAL STAFF DIRECTOR PHYSICIAN		SIGNED 7		
	A. Stephan 1	Hansmam, M.D.		Penbrooke	Sq.Waldorf,	Md. 2080)1		
	230 BURIAL CREMATION, REMOVAL Burial	11/4/87 C	edar H	ill Cemetery	Suitland		Maryland		
	George P. Kalas	ADDRESS		11222 1100	REGISTRAR S SIGNA	STRAR S SIGNATURE			

DHMH - 16 60M 7 /84 (VRA 15, 4)





DHMH - 16 60M 7 84

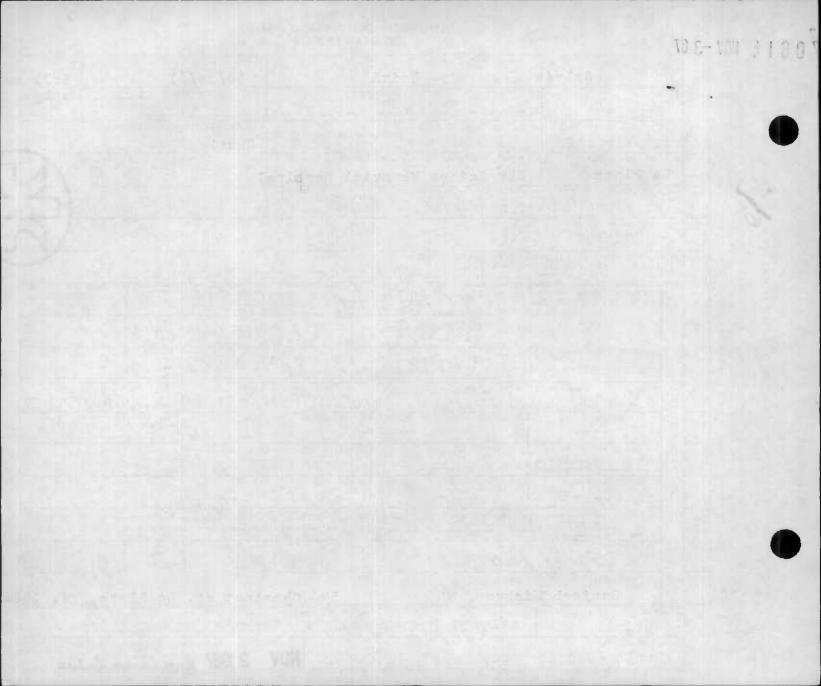
(VRA 15, 4)

126 KIND OF BUSINESS OR Home 13e STREET ADDRESS / ZIP CODE AVE. / 20601 Demastus same as # 13 RAIDMYOPATH ditributing to death but not related to the terminal disease of condition given in partil a IN CERTIFYING CAUSES OF DEATH? YES T TIC HOW INJURY OCCURRED CENTER NATIFICATION OF THE ART THE PART and that in my permopinion death occurred on the date and have and from the causes stated 220 DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 506 Chestnut ct. La Plata, Md. 2064 Trinity Mem. Gardens Waldorf, Charles, "Md. 24 FUNERAL DIRECTOR 250 DATE REC D BY REGISTRAR 256 REGISTRAR S SIGNATURE Huntt Funeral HomeWaldorf, Md.20601 Alia Spridgen Pendage

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGRENE

26 HOUR

5:21 Mam



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE

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4 m or p			3 SEX		4 RACE		5 DATE (PAY	YEAR		ARS LAST BIRTHDAY	# NDER (EA)	R F N EX 1 OR	
direct	22		7a BII	FEMALE	BLA	OF WHAT COUN	12-	15-	1908	7.8	E CITY OR COUNT	TY OF DEATH		
erol of 72 h	45	2	(ASHINGTON, D		ED STAT	MARRIE	D NEVER MAR	RCED	BALTIMOR				
e fun	P	7		TY OR TOWN OF DEATH	11. NAME	OF HOSPITAL, N	URSING HOME	OR OTHER INSTITU			Charles CCUPATION	126 KIND	OF BUSINESS OR	
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filled in	most be		130 S		NE OR OTHER INSTIT OUNTY HARLES	13c CITY OR		138 INSIDE CITY I	EIMITS?		DDRESS / ZIP COI		20677	
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on signature in the sig	la He			18 CAUSE OF DEATH (Entre PART I DEATH WAS CA	only ane cous USED BY DIATE CAUSE (e per linutor o .		ulso		ny a	irest	APPRO BELLIONAL	CONTENTE AND DEATH.	
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they have	or other				cause o stating the	1 DUE 1	O DRASACONS		eer, le	eie	meta	staria	10	n
Principle Their pl	to bor		ATION	Coronary	NT CONDITION	S CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE	or condition G	Ti, LL	eding	
Mar be	ma pro	2	TIFICAL	190 DATE OF OPERATION	19b C	ONDITION FOR W	HICH OPERATIO	n was performs	ED	200 AUTO	IN CERT	ES, WERE FIND IFYING CAUSE YES TO	S OF DEATH?	
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otherdo the flor of the flor	hand Mo		MEDICAL	21d INJURY OCCURRED		ACE OF INJURY	FARM ET ;	211 LOCATION	NA		TY OR LOWN	or NIY	37A*E	
spiral or CTOR A	of Hamil			22a I certify that (1) (this h saw the deceased alive above, 1) (we (did (did	on / 3	114	19 87 or	nd that in (my) lour	r opinion d	2 toeath occurred	an the date and ha		that I (we) last e causes stated	
r the to the total	oris Dispo-			The Street	Buc	etell	mo	DEGREE ATTE PHY	nding Sician 🔀	MEDICAL DIRECTOR [STAFF PHYSICIAN	22c DAT	ESIGNED / 15/57	
SE SE	ONTA S	/		224 PHYSICIAN'S NAME (1	YPE OR PRINT)			22e ADDRESS			1 206	1.6		
HO H	# 04 T	4		Paul E Prito							and 206	40		
BP				URIAL, CREMATION, REMO BURIAL		19-87		EMETERY OR CREA			RIOWN	COINTY	STATE	
			24 FU	NERAL DIRECTOR	110-	19-07	51.	CATHERI			NCHIE GISTRAR 256 REGIS	CHARLE STRARS SIGNA		
DHMH - 16 6 (VRA 15				ORNTON FUN	ERAL H	OME	POMON	KEY. MD	OOT	21 19		widow A		

TO DETERMINE TO DESCRIPTION

etained by the hospital or attending physician

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

4	0 0 1	REGISTRAR		CENTII	ICATE OF DEATH	REG. N	0		
		CEASED NAME FIRST	WIDDIE		AST	20 DATE OF DEATH	HINOM	DAY YEAR	2b HOUR
	1177	JAMES	WESLEY	BATTI	LE, JR.	October	24,	1987	5:15A _M
	3 SEX	X	4 RACE	5 DATE C		& AGE (IN YEARS LAST BIR	THDAY)	IF UNDER LYFAR	
		Male	Caucasian	May	27, 1936 PAY	51	YRS	MUNTHE DAY	MOUR MIN
-	7a BIF	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8	XXNEVER MARRIED	9 BALTIMORE CITY O	R COUNT	Y OF DEATH	
	Wa	ashington, DC	U.S.A.	WIDOWE	D DIVORCED	Charle	es		MD
~	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NL (TENOT IN SUCH FACILITY, GIVE S		OR OTHER INSTITUTION	120 USUAL OCCUPATI			OF BUSINESS OR
		laldorf	508 Garner	Ave.		Audit Ch	ief	Vet.	Adm.
2	13a S	AL RESIDENCE (IF NURSING HOME OR STATE 13b COUN	NTY 13c CITY OR	TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP COD		
nell'		ryland Char	les Wald	orf	YES NO NO	508 Garne	er A	ve. / 2	20601
5	114 FA	T 12 M	MIDDIE		15 MOTHER'S MAIDEN NAM	ME MIDDLE		LAS	51
4		James Wesle	2		Helen	ADDRE		Bache:	lor
		VAS DECEASED EVER IN U.S. AR	E WAR OR DATES)	SECURITY NO.	17 INFORMANT			\	-
		Yes 1959	-1961 577-	46-5281	Joyce A.	Battle (S	spous		ame asl
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one cause per line for (a), (b)	of, and (c)		1000	2	BETWEEN	MATE INTERVAL ONSET AND DEATH
			TE CAUSE (a)(ara	e a pulle	. and			
			DUE TO, OR AS A CONS	EQUENCE OF	1 siene	1 4.	0/		
		Conditions, if any, which gave rise to immediate	(b)	(againe	V of the			
		couse (a), stoting the underlying cause lost	DUE TO, OR AS A CONS	EOUENCE OF	por div -	10000	400		
			((c)	agr	ellar c	acca	La com	10	
	z	PART 2 OTHER SIGNIFICANT (ONDITIONS CONTRIBUTING	S TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GI	VEN IN PART 1	0
\exists	CERTIFICATION	190 DATE OF OPERATION	19b CONDITION FOR WI	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	120b IF YE	ES, WERE FINDIN	NGS USED
	FIC					YES NOXX	IN CERTI	IFYING CAUSES	OF DEATH?
1	ERT	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCURR	1691			NO []
П		OR CONTRIBUTING CAUSE OF DEA							
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	P.M.	19	211 LOCATION				
	ME	WHILE NOT WHILE TO AT WORK	(AT HOME STREET FACTORY OF	FICE FARM ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE
		220 I certify that (I) (# school	al) attended the deceased fu	om 10 -	10 10 86	10 9 -	20	10 87	that the transfer
		sow the deceased alive on	9-20	6.3	id that in (my) opinion o	death occurred on the do	ate and ho	ivi and from the	couses stated
		22b. SIGNATURE	t) view the body after death.		DEGREE			22c DATE	SIGNED
		1. alle	con-face)	ATTENDING	MEDICAL STAI	IAN []	10/3	25/87
		22d PHYSICIAN'S NAME (TYPE O	RPRINT)		22e ADDRESS	FORCETOR ESTITISTE	1217	1	
		Kancer Aze	r, M.D.		9/31 PISC	ataway 1	Cd.	Click	u. Hd.
	23a B	BURIAL, CREMATION, REMOVAL	23b DATE	231 NAME OF C	EMETERY OR CREMATORY	23d LOCATION			7
	(Cremation	10/25/87	Huntt	Crematorium	n Waldorf	, Cha	arles,	Md.
	24 FL	UNERAL DIRECTOR	P. Q.	Box 156	250 DATE	REC'D. BY REGISTRAR	Shirt B		URE
	Hu	intt Funeral	Home Wald	orf, Mo		1 1901	· para	doon-Kunda	A.D.

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STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE /

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL TYPIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR ASED NAME DATE KNOWN X OF ANDREA R FILES. HOURS STREET D. BOWMAN DEATH MATED 10-26-9 4 RACE FUNDER 1 YR IF UNDER 24 HRS 2d HOUR DIRE PRONOUNCED 11 - 26 - 85FEMALE BLACK DEAD 10-26-19 87 TO BIRTHPLACE ALE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MARYLAND UNITED STATES WIDOWED . DIVORCED Charles County II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 20 USUAL OCCUPATION TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Physicians Memorial Hospital La Plata N/A USUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 130 STATE 1136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS MARYLAND CHARLES POMFRET NO X ROUTE 227/ 20675 LATE ARTHUR D. BOWMAN PATRICIA MUSCHETTE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. BOX 124 Rt. 227 LYES NO OR UNKNOWN POMFRET, MD. NO N/A PATRICIA BOWMAN 18 CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c) APPROXIMA E INTERVAL BETWEEN ON ET AND DEA H PART | DEATH WAS CAUSED BY PRESTON ST Smoke and soot inhalation DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last EXECUTE THE CERTIFICATE, WRITING THE WORD "FENDING" IN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXTOFUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AS A BURIAL REER DEATH, WITH THE SITATE DEPAREMENT OF HEALTH AND MAITIMORE, MARYLAND, 21201 PRIGR TO BURIAL, CREMATION. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [] 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 UNDERLYING NOR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 10 xxx 10-26-19 87 House fire. TIE PLACE OF INJURY (AT HOME 21d INJURY OCCURRED II LOCATION STREET FACTORY, FARM ETC) WHILE NOT WHILE K CITY OF TOWN home P.O. Box 227, Box 124, Nanjemov. Charles. ITE I certify that I took thange of the remains described about held on death resulted from Undetermined manner Hamicide TITLE (SPECIFY) ACTUAL DATE SIGNED 10-27-87 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Charles P. Kokés, M.D. 111 Penn St., Balto., MD 21201 ADDRESS. 23a BURIAL CREMATION REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION BURIAL 10 - 29 - 87ST. JOSEPH POMFRET CHARLES MD. 07 84 25M 24 FUNERAL DIRECTOR 250 DATE REC'D BY REGISTRAD 256 REGISTRAR'S SINNATURE DHMH 17 VR A15 ME (5)) THORNTON FUNERAL HOME POMONKEY, MD.

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STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYBERE

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		Dani	el Ho	owell,	M.D.		Per	nbrook	ce Sq.Wald	orf,	, Maryl	and 2060		
		BURIAL, CREMATION		236 DATE		23c NAME OF	CEMETERY OF	CREMATORY	23d LOCATION		1018114	MAIE		
		BURIA	L	10-	7-87	HOLY	GHOS	Γ	ISSUE		CHARLES			
		UNERAL DIRECTOR			ADD	2210			E REC D BY REGISTRAR	256 REGI				
	T	HORNTON	FUNE:	RAL HO)ME ^	POMO	NKEY,	MD.	0 0 1301	4 - 4/2 3/4	and lander and			

DHMH - 16 60M 7 84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been should be detached for use as the build transit permit. Then the State Dept of Health and Mental Hygiene prior is MPORTANT If Item 21 is marked on Item 18 shows any FOR STATE

FOR - STATE

REGISTRAR

STATE OF MARYLAND

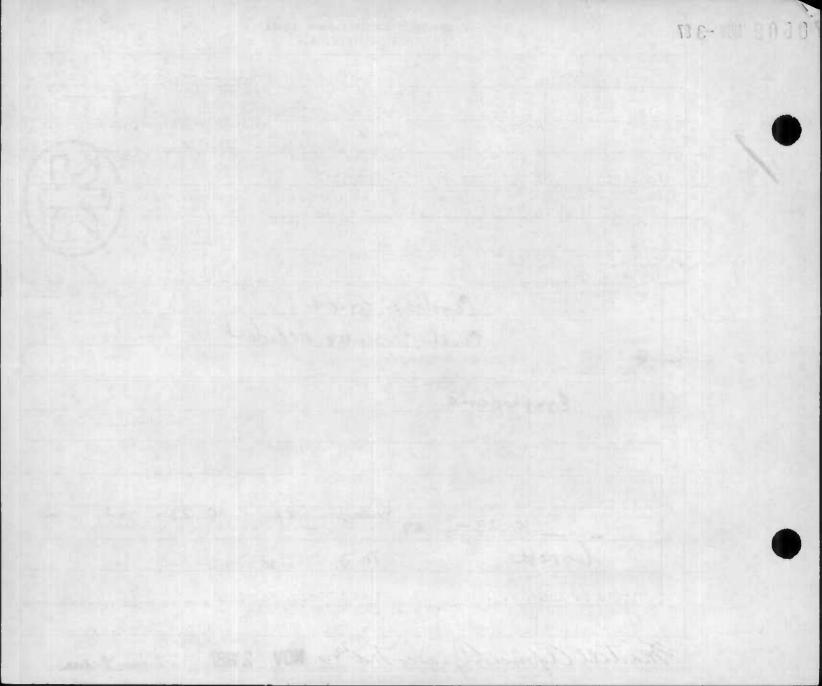
DEPARTMENT OF HEALTH AND MENTAL HY STENE CERTIFIC

ATE OF DEATH	REG. N	10	
T .	20 DATE OF DEATH	MONTH	DAY

		EASED NAME	FIRST		WIDDLE	LAST		20 DATE OF DEATH MONTH DAT YEAR 26 HOUR					
	TTPE	OR PRINT)	Willia	ım	A	Camp	bell		October 2	3, 198	7	5:	19P M
3	SEX	(4 RACE		5. DATE O	FBIRTH		6 AGE IN YEARS LAST BIR		H INDER FA	2 IF . N 7E	R, a Hs
	m	ale		Black			er 6, 1915		72 YRS				MIN
7		RTHPLACE ATE	OR FOREIGN	76 CITIZEN OF	WHAT COUN	TRY? 8	NEVER MARRIE	пП	9 BALTIMORE CITY C	R COUNTY	OF DEATH		
D		ryland		USA		WIDOWE			Charle	5			MD
-	0 CI	ty or town of	DEATH		HOSPITAL, NI		ROTHER INSTITUTIO	120 USUAL OCCUPAT			OF BUSIN	IESS OR	
4		La Plata		Physici	ians Me	morial H	lospital						
2	I3a S	AL RESIDENCE OF	NURSING HOME OR		130 CITY OR		13d INSIDE CITY LIM	1152	13e STREET ADDRESS	ZIP CODE	Bldg	610	- B
	Ma	ryland	Cha	r1es	La P	lata	YES XX NO	Rte. 4 Ze	ekiah	Run	Rd.	2064	
1	4 FA	THER'S NAME		MIDDLE	LAS	ı	15 MOTHER'S MAIDI		MIDDLE			ANT	
4	J	ames	N.		Campb			Fra	nces L.		e y		
1		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 1755 NO DRUNKNOWN) (1F YES GIVE WAR OR DATES)											
L		unknown 213 22 0955 Margaret Campbell SAA											
F		18 CAUSE OF DEATH Enter only one cause per line for a rb , and c Between onset and Death											
1		PART I. DEATH WAS CAUSE OF CARCIAC CYTES-											
1			111111201111						11				
1		Conditions, if	anv. which	(Cercl	hadi/As	cular A	Cell	dent				
1		gave rise to) DUIS TO 0	7 15 1 50115								
			ause last	DUE TO, C	R AS A CONS	EOUENCE OF							
		PART 2 OTHER S	SIGNIFICANT C	ONDITIONS C	ONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE	E TERMI	NAL DISEASE OR CON	DITION GIVE	N IN PART 1	10	
	NO.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											
	ATI	190 DATE OF OPI	RATION	196 COND	ITION FOR W	HICH OPERATION	WAS PERFORMED		200 AUTOPSY?		WERE FIND		
П	TE								YES NO	YES	ING CAUSE	NO [
1	CERTIFICATION	210 ACCIDENT WAS				DAY VEAD	21¢ HOW INJURY O	CCURRE	D LENTER NATURE OF THE	RY IN ITEM 8 PA	RI)RPART /		
		OR CONTRIBUTING			M. MONTH	DAY YEAR							
	MEDICAL	21d INJURY OCC		21e PLACE	OF INJURY		211 LOCATION		ily ()R TC		YINUS		LATE
П	ž		WHILE	LAT HOME ST	REET FACTORY O	FFICE FARM ETC)	MIREET		THY ON IC	WN	LUGINIT		TAIL
П		22a I certify tha		tal) attended th	he deceased f	ram	Ana 19	01		13 - 1	9 67	, that (b)	(wa last
1		saw the dec	eased alive on	10-2	3-		X	pinion di	eath occurred on the d	ate and hour	and from th	e causes si	toted
		22b SIGNATURE	(did) (el-el no	view the body	atter death.	,	DEGREE				22¢ DAT	ESIGNED)
1			Lon	elt			m. D ATTEND	ING ING	MEDICAL STA	FF CIANIT			
1		22d PHYSICIAN'S	S NAME (TYPE O	R PRINT:			22e ADDRESS	IAN L	DIRECTOR	JAN [
				h, M.D.				M.	arvland				
-	73n B	URIAL, CREMATIC				231 NAME OF C	La Plata		123d LOCATION				
1		SPECIFY)			+ 07				CITY OR TOWN	Cha	COUNTY		D TATE
-	74 EL	Bur INERAL DIRECTO		28 Oc	L 01	bl Mary	y's Cath (Newport REC D. BY REGISTRAR		s.Co.	,	<u> </u>
1	6	MAME 1	00 10	1	1 ADDI	RES 7	121	IOM	0 4007	230 REGISTR			

DHMH 16 60M 7/84 (VRA 15, 4)

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DHMH 16 60M 7 84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

0

W	1-5	FOR STATE REGISTRAR	DEPART		IEALTH AND MENTAL HYG	CIENE / REG NO					
7 1	1 DEC	CEASED NAME FIR "	MIDDLE		,A ^{<} ,	20 DATE OF DEATH MONTH	DAY YEAR	2b HOUR			
	TYPE	ROSIE ROSE	Lee	CH	APMAN	10	20 87	325/A M			
	3 SEX			5 DATE O		6 AGE TIN YEARS LAST BIR HOAY	IF THERE I YEA				
		Female	BIACK	MONT	- 27 / "	85 YE		MIN.			
7	70 BI	RTHPLACE ATTURATION	76 CITIZEN OF WHAT COUNTRY	? 8	D NEVER MARRIED	BALTIMORE CITY OR COU	NTY OF DEATH				
/	WA	ISHING-TON DC.	USA		DIVORCED [CHARLES	COUNTY	MD			
7		TY OR TOWN OF DEATH	11 NAME OF HOSPITAL, NURSI	120 USUAL OCCUPATION		OF BUSINESS OR					
2	LA	PLATA	1.1.0.		us Center	RETIRED					
7	13a S	AL RESIDENCE HE NORSING HOME OF	ROTHER IN 1 TOON VE RE IDENCE BEFORM 134 CITY OR TOV		138 INSIDE CITY LIMITS?	134 STREET ADDRESS / ZIP C	ODE				
3.	n	MARYLAND CHA		404	YES NO	RTI BOX104	1-D	20662			
A	14 FA	ATHER'S NAME	MIDOLE		15 MOTHER'S MAIDEN NA	ME					
9		DETER	Canning	ham	SAPDIA	MIDDIT	BRO	WN			
1	16a V	VAS DECEASED EVER IN U.S. AR			17 INFORMANT	ADDRESS					
	D	NO OR UNKNOWN) (1F YES GIV	VE WAR OR DATEST	-49xL	Charles Ch.	apmanWaldorf	t. Ash	Ct and 2060			
Y	NO STATE OF UNKNOWN IN THE STREET ONLY ON DATES 1 579-30-4984 Charles Chapman Waldorf, Mary land 206										
		PART I DEATH WAS CAUSE IMMEDIA	TE CAUSE OF THE	from	SYMUS	eptice					
			DUE TO OR AS A CONSEQU	JENCE OF	1. 1.	1, 0 V					
ч		Conditions, if ony, which by Careful Vac War feel of									
		gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF									
		underlying cause last	1 o Sen	ele.	During						
	Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART To									
0	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICE	H OPERATIO	N WAS PERFORMED	200 AUTOPS	YES, WERE FIND	INGS USED			
×	TIE				YES NO YES NO YES NO						
	E E	210 ACCIDENT WAS UNDERLYING	THE PROPERTY OF THE PROPERTY OF	NAV VEAD	21c HOW INJURY OCCUR	RED INTERNAT RE TEN RY IN TEN	PAR .				
1	AL	DR CONTRIBUTING CAUSE OF DEA	AIR	19							
-	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION	1y % town	(NIT	¹A E			
	X	··· RK □ N 'WHU! □	TAT MOME TREET FACTORY OFFICE	FARM ETC	TREE	ITOKIOWN	COMIT	A			
			ital attended the deceased from	4	19 81	10 10 20	1937	that IT we last			
		sow the deceased alive on above 1 I we raid Adid no	1 G 2-3 19 19 19	37.0	nd that in (my) our) opinion	deoth occurred on the date and	hour and from th	e causes stated			
		226 SIGNATURE	1 101		DEGREE		220 DA	ESIGNED			
		1 Julya	1400 Davis	w	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	10	50/2			
1		220 PHYSICIAN'S NAME TYPE C	OR PRINT	0 1	22e ADDRESS	c acce	1111				
_		(1/5/1/2/5	-1-7 MULT	EN	LADUAT	117, 10,17 5.	91190				
		BURIAL, CREMATION, REMOVAL		NAME OF C	EMETERY OR CREMATORY	23d LOCATION	VINITY	*IAIE			
		BURIAL	10-24-87 0	AK GF	ROVE BAPTIST		CHARLES	MA			
	24 FL	JNERAL DIRECTOR	ADDRE'S		250 PA	E REC D BY PEGISTRAR 255 RES	Synthesia	ALD TE			
		THORNTON FUN	ERAL HOME	POMON	KEY, MD	0		-			

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

069588 OCT 23,87 FOR STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH 26 HOUR 3 1893 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH 12b KIND OF BUSINESS OR Homemaker Own Home 130 STREET ADDRESS / ZIP CODE MONTGOMERYLN aharles 14 FATHER'S NAME Swann Sophia Charles Herbert 166 SOCIAL SECURITY NO. 17 INFORMANT Thomas L. Chappelear White Plains, Md. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) PART I DEATH WAS CAUSED BY Conditions, if any, which gave rise to immediate cause la stating the underlying cause last ION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MOI 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION 22a | certify that (1) (this haspital) attended the deceased from saw the deceased alive an above, (I (we) (did add not view the body after death that in (my) (aur) apinian death accurred an the date and haur and from the causes stated DEGREE DIRECTOR PHYSICIAN 77e ADDRESS Paul Pritchett, MD Waldorf, Maryland 20601 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY Burial Oct.20,1987 Cedar Hill Cem. Suitland, P.G., Maryland

20601

DHMH 16 60M 7 B4 (VRA 15, 4)

Huntt Funeral Home

P.O. Box 156 Waldorf, Md.

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FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-9	87	REGISTRAR				CERTIF	ICATE OF DEATH		REG. N	10			
		CEASED NAME	FIR	MIDDLE			LAST .	2a DATE O			DAT YEAR	YEAR 26 HOUR	
			CWIS	R	ALPH	C.	LARY, JR.	OCTO	BER	29,1	987	6:50 M	
	3 SEX			4 RACE		5 DATE C		6 AGE IIN	YEARS LAST BI	RTHDAY	IF NUER FAR	IE NOER LORE	
74	MALE			WHI	TE	3-	20-27		60	YRS	ATT ATT	- N N	
9		IRTHPLACE ATE UN F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED		9 BALTIMORE CITY OR COUNTY OF DEATH				
7		OHIO			S.A.	WIDOWE	D DIVORCED		HARL	ES		MD	
2	I	LA PLATA		PHYSIC	IANS ME	MORI.	AL HOSPITA	L RET.	RK FOR MOST	OF WORKING	IFE INDUSTRY	S. GOVT.	
5	130 5	MD.	136 COUR		130 CITY OR TOWN	V	13d INSIDECITY LIMITS	13e STREET	ADDRESS -2 M	ILL	HILL R	20601 OAD	
10	1	LEWIS	-63	RALPH	ĈLA		IS MOTHER'S MAIDEN I		WIDDLE		LAI		
/	YES NOOR NANOWN 20 YES NOOR NANOWN 20 YES NOOR NANOWN 20 YES NET 277-22-69				811Y NO 5921	TO INFORMANT CHRISTINE	P. CL	ARY		AME AS	#13		
		18 CAUSE OF DEATH PART I DEATH W	'AS CAUSE IMMEDIA'	TE CAUSE (a) DUE TO OF	Squa RASACON EQUE	mous	all Lur	ng Cana	ar		APPROX BETWEEN	Mate interval Onset and Death L Mon'ths	
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1-0											
	CATION	190 DATE OF OPERAT	2TERI	OSCIETO TIPO CONDI	TIC CATO	IN VAS	CULAT DISCANNAS PERFORMED	75 C 200 AUTO	OP***	20b IF YE	S, WERE FINDIN	NGS USED	
1	CERTIFIC							YES 🗌	NOIX		IFYING CAUSES ES []	OF DEATH?	
7	MEDICAL CE	? TO ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DE	ATH HOUR A	M MONTH DA	Y YEAR	PIC HOW INJURY OCC	URRED ENTERNA	7. BE	- IN 'FM	PAR RPAR.		
	MED	21d INJURY OCCURR		21e PLACE (OF INJURY EET FACTORY OFFICE FA	RM ET	211 LOCATION		STY OF TO	WN	IMIA	'ATE	
		270 I certify that II (this hospital) attended the deceased from SEFT 19 8E to OCT 19 19 87 that II (we last saw the deceased alive on OCT 19 19 87 and that in my our opinion death occurred on the date and how and from the causes stated above, II we paid idid not view the body after death.											
		276 SIGNATURE/ Warten H Orlen, M.D DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 10/29/8								129 187			
		27d PHYSICIAN'S NA	ME TYPE O	IN H	COHEN		50 IRVING	ST Nu) We	shing	Ton DC	20422	
		BURIAL CREMATION I		23b DATE 11-2-			EMETERY OR CREMATOR AND VETS. C	EM CHE	LTEN			MARYLAN	
		REHART FU	INERA	L HOME	, INC. L	A PL	ATA, MD.	VOV 04	EGISTRAR E37	Files	AR AIGNA	Photos.	

DHMH 16 50M 1 81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR After this certificate has b should be detached for use as the buriof-transit perm with the State Dept. of Health and Mental Hygiene pi

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYPENE

070038 OCT	FOR TTATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY®	REG NO				
	1 DECEASED NAME FIR "	MIDDLE	LAS	20 DATE OF DEATH MONTH D	AY YEAR 26 HOUR			
noy be poge 3	Samuel	Alvin	Fink	October 23, 198	87 5:57P M			
and de	3 SEX	4 RACE	5 DATE OF BIRTH		IF TO SER VEAR IF NOTER 1994			
s of	male	white	July 3, 1918	69 YRS	ONTH DATE HERE MIN			
Pod Pod	To BIRTHPLACE MATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	4	BALTIMORE CITY OR COUNTY	OF DEATH			
Of nero	Pennsylvania	U.S.A.	WIDOWED DIVORCED	Charles	MD			
f. f.	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR			
5 9 194	La Plata	Physicians Mem		Driver	Trucking			
212 hour	USUAL RESIDENCE HE NURSING HOME OF 130 STATE 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)	13e STREET ADDRESS / ZIP CODE	20646			
NN 24 24		rles LaPlat		#1 Hickory Ln				
tely 2 sh	14 FATHER'S NAME		15 MOTHER'S MAIDEN NA	ME				
MAR ed w	William T	homas Fink	Blanche	Maybelle Bed	ckwith			
	160 WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECT		ADDRESS				
BALTIMORE	TYES NO OR LINKNOWN] THE YES GI	202-01	-1635 Alice G. 1	Fink (Spouse) .	-Same as #13-			
ALT	18 CAUSE OF DEATH Enter o				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
: 4 d d d d	PART I DEATH WAS CAUSE	18 CAUSE OF DEATH Enter only one couse per line for to the ond its PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE to CAVARA GALLED IMMEDIATE CAUSE TO CAVARA CAVARA GALLED IMMEDIATE CAUSE TO CAVARA CAVARA CAVARA CAVARA CAVARA CAVARA CAVARA CAVAR						
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PRE dhe de mo emo emo emo truct	gove rise to immediate cause a stating the DUETO, OR AS A CONSEQUENCE OF							
by the by the control of the control	underlying cause last	DUE TO, OK AS A CONSECU	ENCE OF					
20 res t	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	N IN PART 1 a			
RECORDS.	Zo Em	phylane -						
Bon ony	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY 206 IF YES,	WERE FINDINGS USED			
ALRI on the lo	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING			YES NOT YES	YING CAUSES OF DEATH?			
DIVISION OF VITAL NG PHYSICIAN The ottending physician that this certificate the ost the buriol-transit produced mander of Hygien or deal or frem 18 shown orked or frem 18 shown or frem 18 shown or free free free free free free free f	210 ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCUR	RED CENTER NATI RE OF NURS IN ITEM B PA	RI JRPAH',			
YSICIAN YSICIAN S certific Sourcel-tr Mental I fr	OR CONTRIBUTING CAUSE OF DE		AY YEAR					
HYS I Men or B	OR CONTRIBUTING CAUSE OF DE LIFETHER NOTHER MEDICAL EXAMINE 21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	LITY OR TO WA	COUNTY			
DIVISION OF PER THE PER STATE OF THE PER	WHILE NO WHILE I	LAT HOME STREET FACTORY OFFICE	FARM ET INTE	THY ON TO WA	Alt			
a se		ital) attended the deceased from	Atoxid 19 77	10 10-73- 1	9.87 that It (we lost			
R ATTEN hospitol hospitol RECTOR RECTOR red for using 1 of Heem 21 is	sow the deceased alive or	10.23- of: view the body after death.	97 ond that in (my lower opinion	death occurred on the date and hour	and from the couses stated			
R A hosy	27b SIGNATURE	view the body differ deom	DEGREE		22c DATE SIGNED			
the Difference of the Differen	1	north	M.D. ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10/24/87			
O HOSPITAL OF TOTAL O	228 PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	g baccion a throiding				
O HOSPIT efoined by TO FUNER should be a with the Sta	Girija S. Rat	th M D	La Plata,	Maryland				
	23a BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION				
BP.	Cremation		untt Crematory	ITY OR TOWN	DUNTY STATE			
	74 FUNERAL DIRECTOR	P O Bo		Waldorf, Cha	arles. Marylanc			
DHMH - 16 60M 7/84 (VRA 15, 4)	Huntt Funeral	Home Waldor	f, Md 20601 00	27 90				

(VRA 15, 4)

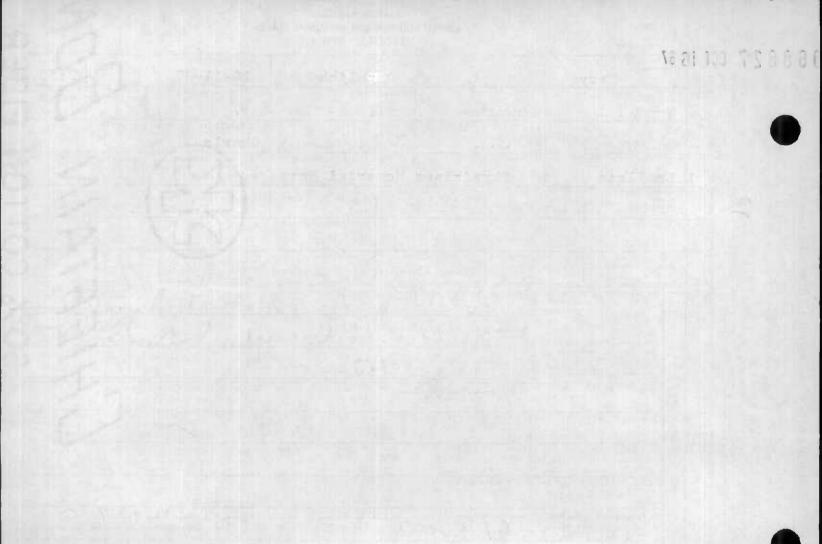
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

71 =	987RAR		CERTIFICATE OF DEATH	REG NO				
		WIDDLE	1AC	20 DATE OF DEATH MONTH	LAT TEAR	26 HOUR		
, III	Elsie	Louise Ev	ans Ford	October 2,	1987	2:12P M		
1. SE)		4 RACE			IF TOUR IF AR	PER MIN		
1	Female	White	Jan.27,1906	81				
		76 CITIZEN OF WHAT COUNTRY	? 8	BALTIMORE CITY OR COUNT	Y OF DEATH			
		U.S.A.	WIDOWED DIVORCED	Charles		MD		
) CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION		OF BUSINESS OR		
1	aPlata				I I I I I I I I I I I I I I I I I I I			
RESULT	IF NUR INC. HOME OF	OTHER INSTITUTION OF VERENIDENCE BEFO	DRE ADMISSION))E			
17.5						r/20653		
	THER'S NAME	4	15 MOTHER'S MAIDEN NA	ME	-K Pidin			
/ 7				MIDDLE	Hard	lester		
IIa V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEG		ADDRESS	- Haro			
March .			2-2463 Joan E Or	408 Eric	ckson (Ct.MD		
	10000			Wells, hexilight		ONSET AND DEATH		
	PARTI DEATH WAS CAUSED BY							
	IMMEDIA							
	Matable							
	gove rise to immediate	(b)		Cerulen	,			
	underlying couse lost	DUE TO, OR AS A CONSEO	DUENCE OF					
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE TERM	AIN ALDISEASE OR CONDITION G	IVEN IN PART 1	(1		
20	TAKE 2 OF THE STOCK TO A VEN	CONDITIONS CONTRIBUTION	<u> </u>	THE DIVERSE ON CONDITIONS				
ATR	90 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED					
THE						NO []		
CERT	210 ACCIDENT WAS UNDERLYING			RED LENTER NA LIRE DE INJURA IN ITEM 8	PAR)RPARTZ			
AL		AIR						
Dic	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		THEORY			
ME	WHIE NO WHIE	LAT HOME STREET FACTORY OFFIC	E FARM ET TREET	ITY OR TOWN	. 1(24)1	TATE		
		ital attended the deceased from	9) 15 10 8	10 (0) 2	195	that I (we) last		
	saw the deceased alive on	10 21 19	(10)	death occurred on the date and he	our and from the			
		of view the body after death	DEGREE		22c DATE	SIGNED		
	0 9.	-10	ATTENDING	MEDICAL STAFF	10	12107		
	224 PHYSICIAN'S NAME LIVE	10 DOING	PHYSICIAN T	DIRECTOR PHYSICIAN				
				3/1				
23a 6	BURIAL, CREMATION, REMOVAL	10-05-87 23	Sunnyridge Memor		COUNTY	FATE		
	JNERAL DIRECTOR	F 03 07						
				IE REC D BY REGISTRAR 256 REGI				
	MEDICAL CERTIFICATION	Elsie Female HITH ACE ATE ON FORENCE. MD CITY OR TOWN OF DEATH LaPlata ELIBRIC IN NUMBER OF OWNERS ARE ALL AND	Elsie Louise Ex # RACE White ## CITY OR TOWN OF DEATH CITY OR TOWN OF DEATH ## CITY OR TOWN ## CITY OR AS A CONSEO ## CITY OR TOWN ## CITY OR TOWN ## CITY OR TOWN	Elsie Louise Evans Ford SEX Female	Elsie Louise Evans Ford James Female Female Louise Evans Ford James	RISE LOUISE EVANS FORD SOLEO PERH MOVINGED 1980 198		

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYSIENE

	1.	FOR - STATE REGISTRAR	DEPARTM		ICATE OF DEATH	REG NO	3 6	
827 OCT I		EASED NAME FIRST	WIDDLE	L	AST	20 DATE OF DEATH MONTH	DAY YEAR	2b HOUR
poge 3	TYP	Mary	Α.	Gr	aulich	10-11-87		2:55 Mam
pood a	3 SE		4 RACE	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	FINNER YEAR	IF MOEK THE
s offe	F	emale	Caucasian	Apri	1 22 1900	87 _{YRS}	H JN AI	HC JR MIT
dire hour	7a 8		LOUNTRY?	8	D 🖾 NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
erol 72		W York	U.S.A.	WIDOWE		Charles		MD
1 11/1/2	49	a Plata	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET / Physicians	ADDRESS)	orial Hosp	120 USUAL OCCUPATION UYPE OF WORK FOR MOST OF WORKING II HOUSEWITE		F BUSINESS OR
20	USU 13a Ma	AL RESIDENCE HE NURSING YOME OR OSTATE Tyland Prince	OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSIONI	13d INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e STREET ADDRESS / ZIP COD 4706 Medora D	E 207	46
impletely ond 2 s	H.E.	John	Koener		Mary	WE	Sansbu	rg
Poges,	160 \	NAS DECEASED EVER IN U.S. ARA NO OR UNKNOWN) (IF YES GIVE	MED FORCES? 166 SOCIAL SECU WAR OR DATES) 055-01-3		Mary Riordan	4706 Medora Dr Suitland, Mary		
icro		18 CAUSE OF DEATH Enter onl PART I DEATH WAS CAUSED IMMEDIATE	y one couse per live for pa . 1b one	lic	andred on	Austra Rais	BETWEEN	MALE INTERVAL
outers about the death from please remove co the burief commotion, or nights or other transmot	NOI	Conditions, if ony, which gove rise to immediate cause los stoting the underlying cause lost	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE CONDITIONS CONTRIBUTING OF	NCE OF A	Susur NOT RELATED TO THE TERM	COMMUNICATION GI	VEN IN PART 1	Julian
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	IN CERTI	S, WERE FINDIN FYING CAUSES ES []	
CIAN B CHANGE OF COLUMN		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	216 TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	21c HOW INJURY OCCURE	RED LENTER NATURE OF INJURY IN ITEM 18	PART RPART,	
	MEDICAL	21d INJURY OCCURRED WHITE NOT WHITE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FA	ARM ETC ;	21f LOCATION	THY OR IOWN	YIMLU	. ATE
TENDER AT TOR AT		220 I certify that (I) (this hospital saw the deceased alive an above, dilwe) and add not	al) ottended the deceosed from	17	nd that in (my) our) opinion (death accurred on the date and ho		tha (i) we lost causes stated
etained by the first TO FUNERAL should be determed with the Store		226 PAYSTCHAN'S NAME WHIPE OR	Hw. Av	Chun d'Kn	DEGREE ATTENDING PHYSICIAN 12e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	220 DATE	SIGNED
BP	23a	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial			EMETERY OR CREMATORY and Veterans Ce	23d LOCATION Cheltenham	P.G.	Maryland
DHMH 16 60M 7/84 (VRA 15, 4)	24 F	UNERAL DIRECTOR	6160 Funeral Home Ox	0xor	Hill Rd 250 DAT	E RECD. BY REGISTRAR 256, REGIS	TRAP'S SIGNAL	HOLE !



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7.0			CEASED NAMI	FIRST	GEORGE	MIDDIE	/M/N		IAST HACK	0.027	20 DATE KN	REG. NO.	AONTH DAY	YEAR	76 HOUR
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	NECES FUNER 5 FOR WITH		New Yo		us us	SA		WIDOW		RCED 🗌	Char	les C	Ounty	٧.	MD
	SEED STATE	10 CI	TY OR TOWN	OF DEATH		HOSPITAL, NU		E OR OTH	ER INSTITUTION	12a USL	JAL OCCUPAT	ON (TYPE OF	WORE 12b R	OR INDUSTR	SINESS PY
03		to		OR CCO	Chape					Pos	tal W	rkr	Ret.	U.S.	Govt
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OR	FER DE FORM ON			D EVER IN U.S. AR	MED FORCES?		CIAL SECURIT	Y NO.	Marga 17 INFORMANT	iret	,	ADDRESS P		lack	20
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ITAL	HOUSE USE OF L	LIFIC												YES 🗌	NO X
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NO	RTIFICATI NG THE V TO THE SHOULD PARTME	CAL	UNDERLYING CONTRIBUTI	NG CAUSE OF		P.M.	19								
VISI	GERT TING 3 SF DEP	4ED	21d INJURY C		STREET	CE OF INJURY			CATION	1111	CITY OF TOWN		COUNTY		STATE
٥	WRI WRI VARE AGE AGE	~	AT WORK	NOT WHILE											
	INER: T ICATE, E FORW TOR: P ITHE ST AND, 2		22g certi	fy that I took charg	ge of the remoins	described obo	ove, held on	Autop	sy . Inspec	tion X	Inquiry	ondin	my opinion		
	MINN THE C ECTO TH TH		deoth result	ed from Notu	urol couses	Accident	Su	ricide 🔲	, Homicide	. Undet	ermined mann	er .			
	EXAM CERTIF ULID BE DIREC		words.	-)-	10/1)	7.1	/		TITLE (SPECIFY)	h-			DATE	1/711	107
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	S C C = E E E		EXAMINER'S TYPE OR PRI	NAME DAV	icl N.1	Singn	ich		ADDRESS 501	9 Woo	c/have	enth.	LaPle	Ma,	MD
	PAF PAF —	230 B	URIAL, CREMA	TION, REMOVAL					R CREMATORY	CITY	OCATION OR TOWN		COUNTY	51	ATE
	BP		urial		10/26/8	37 Fr	inity	Mem	orial G	rdns,	Waldo.	rf, C	harle		ld.
	DHMH 17		NAME		ADD	RESS	7 - 5	2 - 4 -	COT	2.84	REGISTRAK	2,0 KLUISTK	AN 3 SIGNA	TORE	
	VR A 5 ME (5)) 20M 4 B2	A	renari	t Funer	al Home	e, Inc.	,La P	lata	יומיאים,						

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DECEASED NAME

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(TYPE OF PRINT)

3 SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE / CERTIFICATE OF DEATH

Hawkins

DAY

24

YEAR

1899

5 DATE OF BIRTH

MONTH

4

YRS

26 HOUR

MIN

20 DATE OF DEATH MONTH

6 AGE (IN YEARS LAST BIRTHDAY)

88

	THPLACE (MINTE OR FO	DREIGN 76	CITIZEN OF WHAT CO	UNTRY? 8	ED NEVER MARRIED	COUNTY OF DEATH	
Ne	wport. M	d.	U.S.A.	WIDOW		Charles	_County, MD
10 CIT	Y OR TOWN OF DEA	TH 1	1. NAME OF HOSPITAL		OR OTHER INSTITUTION	120 USUAL OCCUPATION	
La	Plata		Meridian		Center	Farmer	Farming
U5UA 13a S		NG HOME OR OT	THER INSTITUTION GIVE RESIDE Y 13c CITY	OR TOWN	113d. INSIDE CITY LIMITS?	13e STREET ADDRESS / Z	IP CODE 20
N	laryland	Char	cles Fau	lkner	YES NO	General	Delivery
14 FA	THER'S NAME	MI	DDIE	1AST	15 MOTHER'S MAIDEN NA	ME	(ASI
	William	Lo	renzo Ha	awkins	Mary		Green
	AS DECEASED EVER I		ED FORCES? 166 SOC	IAL SECURITY NO.	17 INFORMANT	ADDRESS	
	No			-30-2358	Eleanor Ch	ase P.O.	Box 174 Faulkner,
	PART I DEATH WA		A 4	nemo	no		BETWEEN ONSET AND DEATH
			DUE TO, OR AS A CO	INSEQUENCE OF			
	Conditions, if ony,		(b)				
	gave rise to imm cause al, stating		DUE TO, OR AS A CO	INSEQUENCE OF			
	underlying cause	last	(c)				
	PART 2 OTHER SIGN	IFICANT CO	NDITIONS CONTRIBUT	ING TO DEATH BU	T NOT RELATED TO THE TERM	AINAL DISEASE OR CONDIT	ION GIVEN IN PART 1 a
ě		Ce	my de	2/100	il failer	2	
CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDITION FOR	R WHICH OPERATION	ON WAS PERFORMED		106 IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES \(\bigcap \) NO \(\bigcap \)
CER	210 ACCIDENT WAS UNDE		216 TIME OF INJURY HOUR A.M. MOR	LITH DAY VEAS		RED (ENTER NATURE OF INJURY II	NITEM IS RART CREARL?
CAL	OR CONTRIBUTING C		P.M.	19			
MEDICAL	21d INJURY OCCURR	IE []	21e PLACE OF INJUR		211 LOCATION	CITY OF TOWN	INTY !ATE
			l) attended the decease	d from	19.07	10 /2 -	19 / that I (we last
	saw the decease	d_alive.on_	10-21	19 7	and that in (my) (our) opinion	death occurred on the date	and hour and from the causes stated
	22b SIGNATURE	d (did not	view the body after dear	lh.	DEGREE		221 DATE SIGNED
			21		ATTENDING PHYSICIAN [MEDICAL STAFF	NU 10-7/5/
	22d PHYSICIAN'S NA	ME ITYPE OR P	PRINT		22e ADDRESS	J DIMECTON CO THINGS	
	Daniel	м н	owell. M.	n	Charles St	reet I.a D	lata. Md. 20646
23a BI	JRIAL, CREMATION, R		23b DATE		CEMETERY OR CREMATORY	23d LOCATION	1aca: 11d: 200-10
(5	Burial		10/30/86	St. T	gnatius	Chapel Po	oint Charles Md
24 FU	NERAL DIRECTOR				250 DA		Dint Charles Md B REGISTRAR'S SIGNATURE
Are	NAME			ADDRESS	616	181 1111 1000	4.7
	ehart Fur	neral	Home, Inc	., La P.	lata, Md. Ni	JV UZ 1987 .	- willison poster

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(VRA 15, 4)

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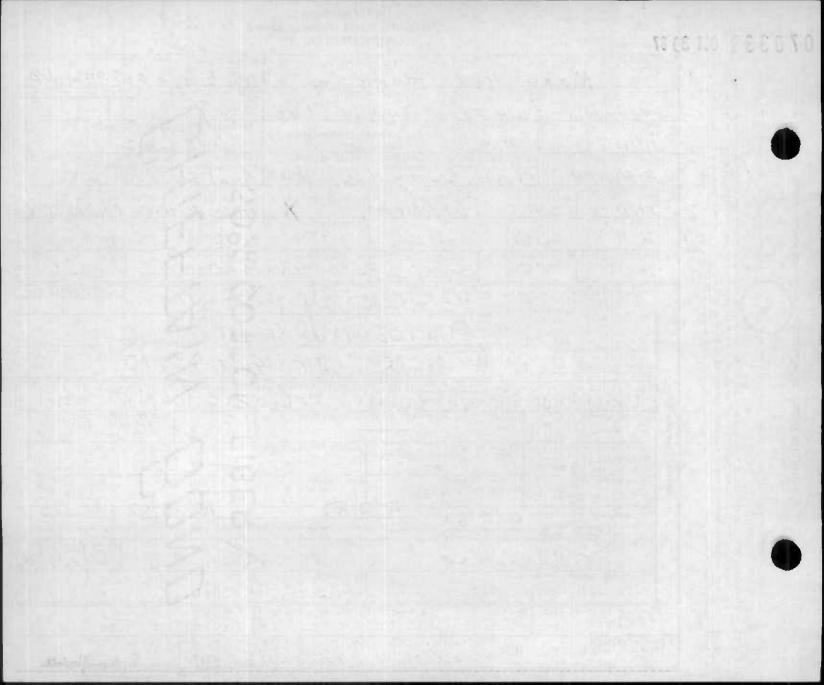
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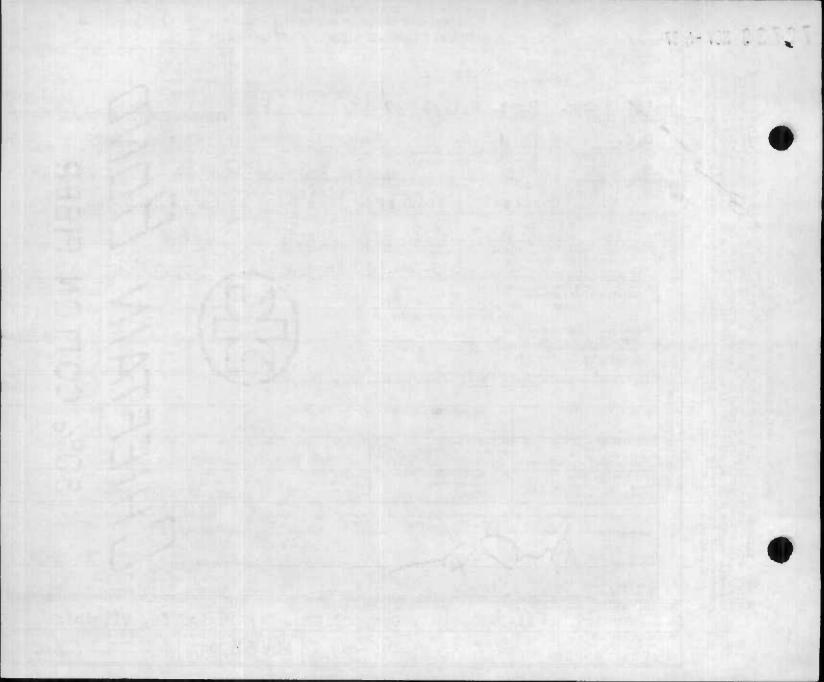
STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL ANGIENE

3		STATE REGISTRAR	DEPARTM	DEC NO	REG. NO					
	1 DEC	CEASED NAME Mairy	/ Alfina //	Hedi	řick.		DAY YEAR	26 HOUR		
1	1.166	Mar	y Anna H	EdR	ic Ksc	Octobera	5,87	10'8PM		
	3 SEX	×	4 RACE	5 DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF PASER YEAR	IF INDER . 4 HR		
1	1	-emale	WHITE	09	1 / BAY / YEAR B	89 YRS				
		RTHPLACE (TATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH			
2	10 01	<u>n</u>)).	11 NAME OF HOSPITAL AND STATE	WIDOWE		CHARLE	5	MD		
1	10 (1	A DIATA	11. NAME OF HOSPITAL, NURSING		1 1 1 0	TYPE OF WORK FOR MOST OF WORKING LIFE	INDUSTRY	F BUSINESS OR		
4	USUA	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION GIVE RESIDENCE BEFORE	EDMISSIONI	Ursing Home	CIVAL Service	4 60	vt		
	13a S	STATE 1136 COU	NTY IS CITY OR JOW		N N	13e STREET ADDRESS / ZIP CODE	PI	2 70/01		
2	14 F.A	ATHER'S NAME	17. CUITOR	15.	15 MOTHER'S MAIDEN NAV	ME HERITAGE	1/00	2 6601		
)		John Gr	ant James	on	Martha		oarmañ			
1	lôo ∨	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECUI	RITY NO	17 INFORMANT	1384 DREGIES				
		Y ES UNKNOWN I I WW	ve WIR OR DATES) 579-58-	1269	Linda Wooda	ard Gaithersbu	-			
		18 CAUSE OF DEATH (Enter DI PART I. DEATH WAS CAUSE	nly one couse per ling a, ban	FDA	7021/A	DOLOT	APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH		
			TE CAUSE (0)	1	-100 y 15	XKLDI				
			DUE TO, OR AS A CONSTOUR	199	C711/5 40	GALT FAILUR	N			
		Conditions, if any, which gave rise to immediate	(b) (c)	-16.	2110017	MAI ITTOOK				
		cause (a), stating the underlying cause last	DUE TO DE AS A CORSEDOR	OST C	LEORIC 4º	PART DISEAS	7			
	NOI	PARTA OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIONS TO D	EATH BUT	NOT RELATED NO THE TERM	INAL DISEASE OR CONDITION GIV	MAPARITIC	Coli		
	CAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206 IF YES	, WERE FINDIN	GS USED		
^	CERTIFICATION			-		YES NOT YES	S 🗆	NO []		
7		210 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE		Y YEAR	21c HOW INJURY OCCURR	RED LENTER NA CIRE OF INJURY IN EM 8 F	ART OR PAR			
1	MEDICAL	LIFEITHER NOTIFY MEDICAL EXAMINE	R) PM	19	AN LOCATION					
	MED	21d INJURY OCCURRED	21e PLACE OF INJURY	IRM ETC)	211 LOCATION STREET	CITY OF TOWN	(INTY	TATE		
		AT WORK	itali attended, the backased from_	91:	\$183	10/25/9	70			
		saw the decased alive or	1015187 19	, or	nd that in (my (our) opinion o	death occurred on the date and hour		that it (we last causes stated		
		226 SIGNATURE	ot view the body ofter death		DEGREE		ER, DATE	SIGNED /		
		-6V/	Ushre		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	101	26 87		
7		224 PHYSICIAN'S NAME TYPE			22e ADDRESS					
		Dr. Sanjeet	K. Mishra	1	Waldorf, N	Md. 20601				
		Burial, cremation, removal			EMETERY OR CREMATORY	23d LOCATION	DUNT	TATE		
					y's Ch. Cer		has.	Md.		
	74 FL	neral director Tunatet Funeral		BOX .	1 2060 1 DC	E REC'D. BY REGISTRAR 256 REGISTI	RAR'S SIGNAT	URE		



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7 STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME 20 DATE KNOWN X MONTH 2b H JR OF Marshall DEATH MATED Kevin DATE OF BIRTH IF UNDER 24 HRS 4:207 PRONOUNCED 9.1970 Sept. Male Cau. 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COLINTRY) D.C. U.S.A. Charles County IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY Student College Physicians Memorial Hospital Charles Waldorf 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13a STATE Md. Lancelot Drive 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME Charles Marshall Nancy Diane Barnes PRESTON ST., BALTIMORE, Lancelot Drive Kenneth R. Watson, Waldorf, Md2060 No 579-86-6317 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) Head and chest injuries DUE TO, OR AS A CONSEQUENCE OF if any, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last. BURIAL AND ME PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a CHIEF MEDIC E USED AS A T OF HEALTH A 196 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PPAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYDAND, 21201 PRIOR TO BURIAL, YES X NO 21a FXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING X OR Driver in auto/auto collision 3:00AM CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY TATHOME 211 LOCATION 21d INJURY OCCURRED STREET EACTORY FARM, ETC 1 WHILE NOT WHILE X Route 228, Waldorf, Charles County, MD road 22a I certily that I taak charge all the remains described above, held an and in my apinian Accident death resulted fram Natural causes TITLE (SPECIFY) Deputy ChiefDICAL EXAMINER DATE 10-31-87 SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. ADDRESS 111 Penn Street, Baltimore, MD 21201 TYPE OR PRINT 23a BURIAL, CREMATION, REMOVAL 23b DATE 231 NAME OF CEMETERY OR CREMATORY Alexindria, Burial Comfort Cem. 07 84 NOV 03 1987 Julia Dioiden. Res 24 FUNERAL DIRECTOR DHMH 17 Huntt Funeral Home Inc., Waldorf, Md. (VR A15 ME (51)



requires that the death certificate be

	FOR
-	STATE
	DECISTRAD

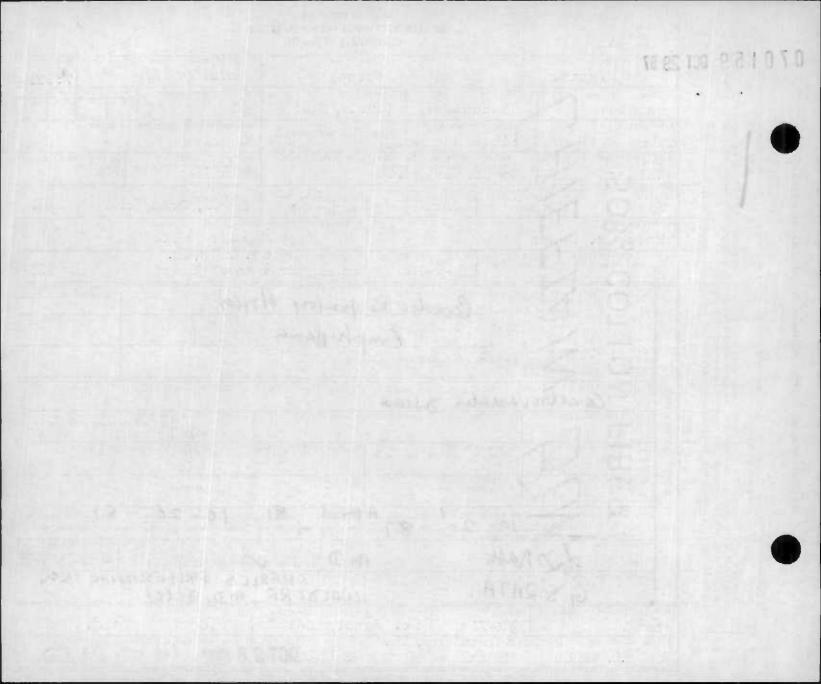
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL LOYGIENE

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		REGISTRAR				CERTI	FICATE OF DEATH	REG.	40		
OCT	9E	SED NAME	FIRST		MIDDLE		LAST	20 DATE OF DEATH		DAY YEAR	26 HOUR
		Elea	nor	1	Swann	К е	ersey	October 26	, 1987		7:32Pm
	3 SE	emale		Cauca	asian		of Birth 11 29, DAY 1924 YEAR	6 AGE (IN YEARS LAST E	YRS	IF LINDER : YEAR	HOURS MIN.
12	9	RTHPLACE SATEORS OUNTRY) Land	ORE IGN	76 CITIZEN OF Unite		TRY? 8 MARRII WIDOW	NEVER MARRIED	Oharles		Y OF DEATH	MD
hotife	W	ty or town of DEA aldorf		11. NAME OF I	HOSPITAL, NU THEACHUTY, GIVES 5, Terra	irsing home treet aporessi ce Drive	or other institution	120 USUAL OCCUPA (TYPE OF WORK EOR MOST HOUSEWILE	TION OF WORKING LI	126 KIND C INDUSTRY Home	OF BUSINESS OR
r must	M		136 COUN Char	OTHER INSTITUTION VIY Les	GIVE RESIDENCE E	BEFORE ADMISSION IOWN	YES NO Y	Box 125, 1	/ ZIP COD errace	Drive	20601
expunue		ercy H.	Swan	MIDDLE	LAST			Rebeccambo		LAS	ST.
e medico	160 V	VAS DECEASED EVER		MED FORCES?	220-16-	-7776	Box 125, Terrac		dorf		4D 20601
event, th		18 CAUSE OF DEAT PART I DEATH W	AS CAUSE	nly one couse per D BY TE CAUSE (a)	Court	LO R	sproutry to	14001		BETWEEN	IMATÉ INTERVAI ONSET AND DEATH
or other troumotic		Conditions, if ony, gove rise to improve cause to stoting underlying cause	nediote g the last	DUE TO, O	r as a consi	EOUENCE OF	physena				
rujury.	NOL	Ce	selv	Visca	lar D	sease	T NOT RELATED TO THE TERM				
(uo	CERTIFICATION	19a DATE OF OPERA	ION	196 COND	ITION FOR WI	HICH OPERATIO	ON WAS PERFORMED	YES NO NO	IN CERTII	S, WERE FINDIN FYING CAUSES ES []	NGS USED OF DEATH?
9	-	210 ACCIDENT WAS UNIT OR CONTRIBUTING (1) (IF EITHER NOTIFY MEDI	AUSE OF DEA	HOUR A.	M MONTH	DAY YEAR		RED I ENTER NATURE OF IN	URY IN ITEM 8	PART OR PART 2	
10 pays	MEDICAL	21d INJURY OCCURI	int []	21e PLACE	OF INJURY REET FACTORY OF	FICE FARM ETC.)	211 LOCATION STREET	(ITY OR	OWN	COUNTY	STATE
121		220 I certify that (1) sow the decease obove, (1) (water				mbs	and that in (my) (and opinion	death accurred on the	date and had	and from the	
# ty		276 SIGNATURE	10	Nath				DIRECTOR PHYS		221 DATE	27-87
WPORTAL		22d PHYSICIAN'S NA	j. S.	RATH			WALDERF			IUNAL	BLOG
27		surial, cremation, specify)		10/29/7	2	St. P	eters Ch. C	en Waldor	f	Chais.	Md.
M 7/84	24 Ft	P.O. Box	The 156	Huntt Fun Wald	4000		20601-01 56 CT	2 8 1087	R 256 REGIS	TRAR'S SIGNAT	URE

DHMH 16 60M 7 (VRA 15, 4)

BP.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE. CERTIFICATE OF DEATH

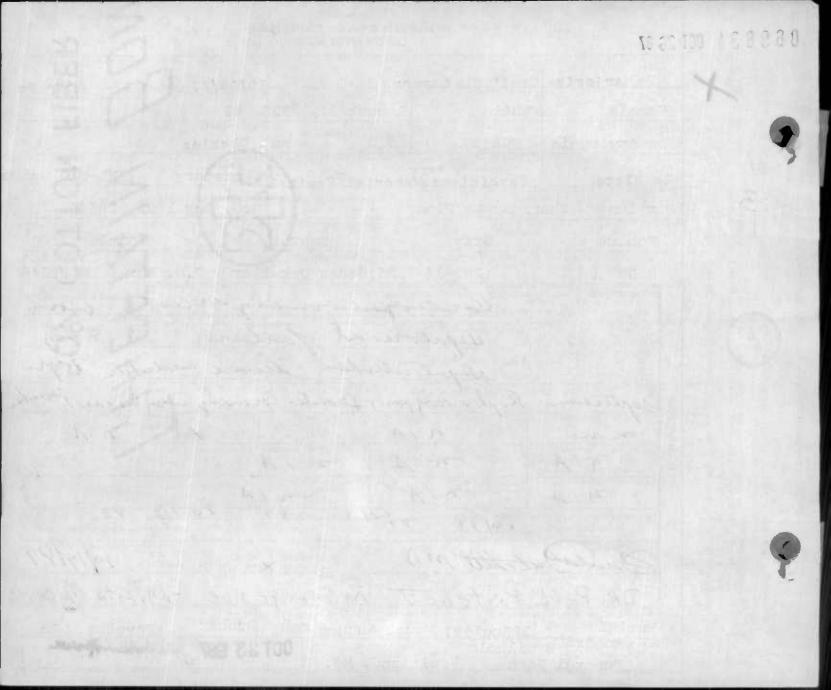
DECEASED NAME MIDDLE TO DATE OF DEATH MON H 26 HOUR 17 PE 36 PR N1 Marjorie T.avmon 4 RACE DATE OF BIRTH August 31, 1925 Female White BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Pennsylvania IISA Charles WIDOWED DIVORCEDXX O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Secretary AFL-CIO Physicians Memorial Hospita La Plata USUAL RESIDENCE FENERING HOME OR CHER IN THAT IS. ERE IDENCE BEFORE ADMITTION
136 STATE 1136 COUNTY 1136 CITY OR TOWN La Plata P.O. Box 1022 Charles 20646 Maryland 4 FATHER'S NAME Grav Smitley Robert Margaret IN WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 202-14-6695 Susan Detwiler P.O. Box 0 Md 20646 PART I DEATH WAS CAUSED BY Conditions, if ony, which gove rise to immediate cause a stating the underlying cause Inst PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a mi 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M MONTH 21d INJURY OCCURRED 71e PLACE OF INJURY 211 LOCATION 22a I certify that II (this hospital) attended the deceased from_ Y7 and that in imy lour opinion death occurred on the date and houl and from the causes stated above, I we did did not view the body ofter death DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 230 BURIAL CREMATION REMOVAL 230 NAME OF CEMETERY OR CREMATORY Burial Dunbar 22Aug1987 Mount Auburn Cem 24 FUNERAL DIROBERT

DHMH - 16 60M 7 84

(VRA 15, 4)

E Wilhelm Funeral Home

Suitland, Md.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENF CERTIFICATE OF DEATH

070382 NOV 20 DATE OF DEATH MONTH 25 HOUR ANNETHY Edith Lundholm 1987 October 28. 4 RACE DATE OF BIRTH Female Caucasian April 12,1902 Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Sweden WIDOWENTS DIVORCED Charles 1) NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR LIF NOT IN SUCH FACILITY GIVE STREET ADDRESS) La Plata Physicians Memorial Hospital Home maker Own Home 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Maryland Charles LaPlata NO [Box-2364S 20646 14 FATHER'S NAME UNAVAILABLE UNAVAILABLE In WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT 8012 Darcy Rd. Frank R. Lundholm 218-38-9378 None Forestville. 18 CAUSE OF DEATH Enter only one couse per line for a b and c PART L DEATH WAS CAUSED BY Conditions, il ony, which necessaria gove rise to immediate cause a stating the DUE TO OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 CERTIFICATION 90 DATE OF OPERATION 200 AUTOPSY? 206 IF YES WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO T 718 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR AM. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HE EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME TREET FACTORY OFFICE FARM ETC 220 I certify that I this haspital attended the deceased from 23007 sow the deceased alive on 280 CTST 1987 and that in (my) our) opinion death accurred on the date and hour and from the causes stated above, Il Iwe I did not view the body after death DEGREE THE DIATE SIGNIED MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN Waldorf. Md 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 10/31/87 Resurrection Cem Clinton Burial 24 FUNERAL DIRECTOR P. Q. Box 156

Waldorf, Md

DHMH 16 60M 7/84 (VRA 15, 4)

Huntt

Funeral Home

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AL OR ATTENDING PHYSICIAN. The the hospital or offending physician

TO HOSPITAL C

BP. DHMH - 16 60M 7 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

< 1									REC			
		CEASED NAME	FIRST		MIDDLE		LAST		20 DATE OF DEAT	H MONIH	DAY YEAR	26 HOUR
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0	3 SEX	X		4 RACE		5 DA	ATE OF BIRTH		6 AGE (IN YEARS LAS	T BIRTHDAY)	IF INDER YEAR	IF NOTR AHE
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5 \$		reland		U.S.	Α.			ORCED .	Chai	les .		٨
N K	10 CI	ITY OR TOWN OF	DEATH		HOSPITAL, NI		ME OR OTHER INST	ITUTION	12a USUAL OCCUP			F BUSINESS O
Hou!		La Plata	a				al Hospit	al	Window			lf -En
10 E		AL RESIDENCE OF	NURSING HOME OF		136 CITY OR	BEFORE ADMISS		ITY HAVITS?	13e STREET ADDRE			
Ē	Mai	ryland	Char			an Hea		NO [X]	13 Gree			20640
S S	14 FA	ATHER'S NAME		WIDDLE	LAS	1	15 MOTHER'S	MAIDEN NAM				
S X		Terre	nce	MIDDLE	Myl		Ma	ry	MIDD	1.6	Mee	gan
O C		VAS DECEASED E			166 SOCIAL	SECURITY N	O 17 INFORMA	NT	AC	DRESS Rt	.2 Box	163
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		CEASED NAME	PIRST		MIDDLE	1	LAST		20 DATE KN	ESTI X	MONTH D	AY YEAR	26 HOUR
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IS NECESSARY, PLEASE HE FUNERAL DIRECTOR. SE 5 FOR YOUR FILES. ED, WITHIN 72 HOURS N. W PRESTON STREET,	3 SEX	m	UI	OATE OF BIRTH	ZE 6 AGE (IN				PRONOUNCE DEAD	10) 23	19	01:57 A M
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- m < 0 %	130 S	mo	RSING HOME OR OTH 13b COUNTY Char	des des	130 CITY OR JOYN	CF C	134 INSIDE CITY LIM	13e STRE	EET ADDRESS	37B1	nichw	DOM was	6 loom.
W H		THER'S NAME	MIC	DDLE	ĮĄST .		15 MOTHER'S A	-	MIDD	DLE		LAST	
— DEEN		rpha	10000		Napi		Mart	ha			npbel	1 /	
BALTIMORE, MD. 21201 S AFTER DEATH, EANNY GIVE RASES THE FORMER PAGES IV	(Y E	YAS DECEASED EVER S NO. OR UNKNOWN) YES	(1F YES GIVE WAR C	FORCES? OR DATES)	166 SOCIAL SECUR		Bill N	apier,		Walc	2 Gol	.den E	20601
W. PRESTON ST., WITHIN 24 HOUR ENCIL IN ITEM 1B. MINER ALONG W TANISI PERMIT TANI HYGIENE. OR REMOVAL		Canditions, if a gave rise to couse (a) stating lying couse lost	IMMEDIATE CA	AUSE (a) Ca	for (a), (b), and (c) relie Piul AS A CONSEQUENC FON ONLY AS A CONSEQUENC	e of Art	nary bery L	Arres Piseus	e			approximate between onse	interval I and Death
NL RECORDS, 2011 ULLD BE EXECUTED PENDING" IN PI FE MEDICAL EXA FE AS BURIAL FE HEALTH AND ME AL, CREMATION,	NO	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTR		BUT NOT RELATED TO THE TE	RMINAL OFSEAS	E OR CONDITION GIVEN	IN PART 1 0					
TAL RECO	CERTIFICATION	190 DATE OF OPERA	TION	196 CONDIT	ION FOR WHICH OP	ERATION W	AS PERFORMED?				2	YES	NOXX
DIVISION OF VITAL IS CERTIFICATE SHOUL WRITING THE WORD "9 RAPED TO THE CHIEF GG 3 SHOULD BE USED TO PRIOR TO BURIAL 201 PRIOR TO BURIAL.		210 EXTERNAL CAUS	OR CAUSE OF DEAT	H P.M.	MONTH DAY YE	AR	OW INJURY OCC	URRED LENTER N	NATURE OF INJURY	Y IN ITEM 18 PAR	RT 1 OR PART 2)		
	MEDICAL	WHILE NOT AT WORK	WHILE	21e PLACE C STREET FACTO	OF INJURY (ATHOME, ORY FARM, ETC.)		CATION		CITY OR TOWN		COUNTY		STATE
TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW AFTER DEATH, WITH THE ST. BALIMORE, MARYLAND, 2		220 Certify that the death resulted from ACTUAL DIGNATURE	, and a	V	cribed abave, held an	Autap Suicide	Hamicide [Y) _	Inquiry Dermined monn		DATE SIGNED	0/25/	157
MEDIC ECUTE AGE 4 S FUNEI TER DE		EXAMINER'S NAME TYPE OR PRINT)	DAVICE.	N. Giv	igrich		ADDRESS 5	019 W	rocell	howen	A. L	uHate	(M)
Bb BA B A B A B A B A B A B A B A B A B	В	JRIAL, CREMATION, R PECIFY) UTial		-28-87	Md. Ve	emetery o terar		23d LO Ch	elten!	ham	Pr.	Geo	Md.
DHMH 17 (VR A15 ME (5)) 20M 4 82		intt Fune	eral Ho	ome ADDRESS	P. O. Bo	x 15	6	ATE REC'D BY	REGISTRAR 1907	25b REGIST	RAR'S SIGN	712 C 2 = 2.5	

TO GO THE SALE OF THE Will Charles Destains & Ten Brasis Mathematical

Balance Salara and Lat 4 11 THE REE OF THE REAL PROPERTY.

067,92

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYDIENE F CERTIFICATE OF DEATH

	REGISTRAR				CEKITI	ICATE OF D	EATH	R	EG NO			
	CEASED NAME	HRY'	^	MUCLE		LAST		20 DATE OF DE		DAY YEAR	25 HOUR	
18	87 RINT	Anni	e Fliza	beth Pi	rince			October	1 1097		9:25 P	
3 SE	X	ZALLILA	4 RACE	DELII II	5 DATE (OF BIRTH		6 AGE IN YEARS		# NUFR FEAR	IF I NIDER THE	
	Female		Whi	to	Jun	e 12,	1903	8.4		7% Just	H MIN	
70 B	IRTHPLACE THE ORF	ORLION		WHAT COUNTRY?	8				TITY OR COUNT	Y OF DEATH		
V	irginia		u.s.	Λ		D NEVERA			_			
	ITY OR TOWN OF DEA	TH		HOSPITAL, NURSING	WIDOWI G HOME (ORCED	120 USUAL OCC	Char		OF BUSINESS OF	
т	- D1 - + -		(IF NOT IN SUC	H FACILITY, GIVE STREET A	DDRESS)			TYPE OF WORK FOR	MOST OF WORKING (FE) INDUSTRY	/ BOSHALSS OF	
	AL RESIDENCE LIF NURSI	NG HOME OF	Phys1	cians Men	oria	1 Hospi	tal	Housen	rife			
130	STATE	13b COUP	VIY	13c CITY OR TOWN	4	13d INSIDE CI	TY LIMITS?		RESS / ZIP COD			
_		Char	les	Waldor	6	YES X	NO [1800 Ho	lly Tro	e Lan	e 2060	
14 F/	ATHER'S NAME		MIDDLE	LANT			MAIDEN NAM		DD E	AS		
	Preston		В.	Ranki	n		zella			Stone		
	NAS DECEASED EVER		MED FORCES?	166 SOCIAL SECUR	ON YTIS	17 INFORMA			ABORES HOL		00 100	
	No	(IF YES GIV	VE WAR OR DATES	579-24-	5946	Flizah	oth T	Ronta	Wald	and M	d Lun	
		H Enter or	aly one couse per			47070	CALIL	· bonzu	wua_uı	APPROX	MATE INTERVAL	
	PART I. DEATH W.			Respira	tac.	. Ar	est			BEIWEEN	ONSEL AND DEATH	
		IMMEDIA	TE CAUSE (a))						
			DUE TO, OF	PACUMO						3	seeks	
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	cause a stating	g the	DUE TO, OF	AS A CONSEQUE	VCE OF	. 1				months		
			c)	Chronic	_ 45	PILOLIA	01			1.(0	14.77	
z	PART 2 OTHER SIGN	1 1		1	1	NOT RELATED	TO THE TERM	INAL DISEASE OF	CONDITION GI	EN IN PART 1	p //	
TION	Cerebral Vascular accident											
CA	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTOPSY		S, WERE FINDING CAUSES		
CERTIFIC								YES NO			NO []	
2	210 ACCIDENT WAS UND		216 TIME O	FINJURY M. MONTH DA	V VEAD	21c HOW IN.	JURY OCCURR	RED LENTER NAT RE	DE INJURY IN ITEM 8	PART PART		
¥	OR CONTRIBUTING C		4171		19							
MEDIC	21d INJURY OCCURR		21e PLACE (21f LOCATIO	Ň					
ž	N WHI	it E	AT HOME STR	EET FACTORY OFFICE FA	RM E1	1REE1		101	MANC , BL' A	COUNTY	III ATE	
	220 I certify that		toli attended the	deceased from	Aug	3.0	10 27	10 00	+ /	10 27	al de la la constant	
	saw Hysidecense	dislow on	Sept	29 10 8	3-5			death occurred on	the date and hou	u and from the	cause stated	
	22b SIGNATURE	id I did no	t view the body	offer death.		DEGREE						
	220 SIGNATURE).	1 3		+ A		TIENDING	MEDICAL	STAFF	22c DATE	PIGNED	
	0 1	-	2- pm		~		HYSICIAN X	DIRECTOR		10/	1/8/	
	224 PHYSICIAN'S NA	ME (TYP	A			22e ADDRESS						
	B. La	rry 3	Jenkins	M.D		Wald	cof,Md	20601				
	BURIAL, CREMATION, F	REMOVAL	236 DATE	23; N	AME OF C	EMETERY OR C	REMATORY	23d LOCATIO	N	a total		
	Burial		10/5/	87 Na	llon	emetery or cal Mam	Rheal	Falls	Church	Fair	Kax Va	
74 FI	UNERAL DIRECTOR A	isto		buon		, 00		E REC D BY REGIS			URE	
	AWE C	7	Julian.	CADDRI ()	- 11	1 22/4	00	T 07 100		aindran-A	andelli	

DHMH 16 60M 7 84 (VRA 15, 4)

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DHMH = 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

	1 -	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL BY GIENE CERTIFICATE OF DEATH REG. NO.								
	1 DEC	CEASED NAME FIRST		MIDDLE	l	AST		20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUF	2
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STATE OF MARYLAND

2		FOR STATE REGISTRAR			DEPART	MENT OF H	EALTH AND	MENTAL HY	GIENE	REG. NO	9	d t	j 0		
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		UNERAL DIRECTOR		3 11	ADDRESS	- D3			E REC'D. BY	REGISTRAR 987	25b REGIS	TRAR'S	SIGNATU	JRE delle	v
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Arehart Funeral Home, Inc., La Plata, Md.

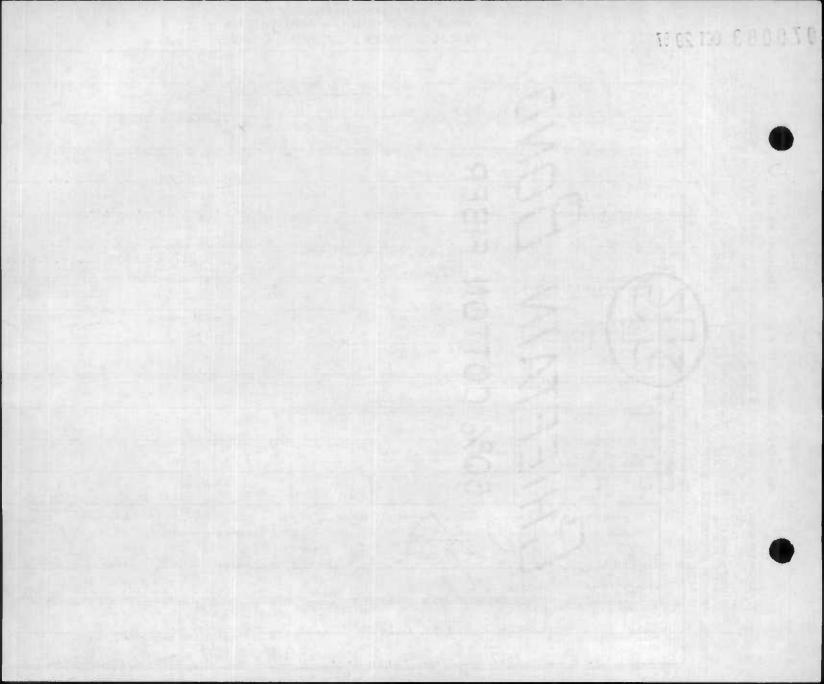
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 070063 OCT 28 B7 EGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO DÉCEASED NAME TO DATE KNOWN X LTYPE OR PRINT OF DELAY IS NECESSARY, PLEASE 3TO THE FUNERAL DIRECTOR IN PAGE 5 FOR YOUR FILES HE FILE. WHILL HOURS DEATH MATED 10-22 19 87 4 RACE IF UNDER 24 HRS DATE MONTH DAY LAST BIRTHDAY PRONOUNCED 1:45 DEAD 10--22 1987 12-04-1940 46 7a BIRTHPLACE 16 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED [DC 11 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 170 USUAL OCCUPATION TYPE OF WORK D CITY OR TOWN OF DEATH 176 KIND OF BUSINESS OR INDUSTRY IF NOT IN SUCH FACILITY GIVE TREET ADDRESS FOR MOST OF WORKING LIFE) Physician's Memorial Hospital La Plata 2, AND 3 TO 3. RETAIN PA US P.O MAIL HANDLER ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS U COUNTY 13d INSIDE CITY LIMITS? 30 STATE 13c CITY OR TOWN EMERSON ST., YES X D.C. WASHINGTON 4 FATHER'S NAME JEA GES 1, 15 MOTHER'S MAIDEN NAME MIDDLE EXECUTE THE CERTIFICATE, WRITING THE WORD "FENDING" IN PENCIL IN 1TEM 18 GIVE PAGES PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM P TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT, PAGES AND AFTER DEATH WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION DEPARTMONE, MARYDAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. THEODORE SAUNDERS, SR. LOUISE K. WHITING 317 Emerson St., N.W.D.C. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES NO. OR UNKNOWN) I (IF YES GIVE WAR OR DATES) NO 579-54-9844 ANITA BROOKS-SISTER SAME AS ABOVE APPROXIMA E INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY PRESTON ST Head and neck injuries IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 o CERTIFICATION 19g DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES X NO 🗌 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY TIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M MONTH DAY YEAR UNDERLYING KOR 3:20PN Driver in auto/auto collision 10-22 87 CONTRIBUTING CAUSE OF DEATH 211 LOCATION 21e PLACE OF INJURY (ATHOME 714 INJURY OCCURRED STREET FACTORY, FARM, ETC) CITY OR TOWN WHILE AT WORK East on Rt. 257, South Butler road, Newburg, road Charles County, MD 22a I certify that Libes challer of the semails described above, held an Autopsy Inspection X death resulted from Undetermined manner Hamicide TITLE (SPECIFY) **ACTUAL** DATE SIGNED 10-23-87 M.D. Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Charles P. Kokes, M.D. ADDRESS_111 Penn Street, Baltimore, MD 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION REMOVAL 236 DATE 13¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION BURIAL 10-28-87 OLIVET 250. DATE REC D'BY REGISTRAN PROPERTY CAR S SIGNATURE 24 FUNERAL DIRECTOR (VR A15 ME (5)) 2617 PENNA., AVE.,, S.E. ALEXANDER S. POPE



FOR

STATE OF MARYLAND

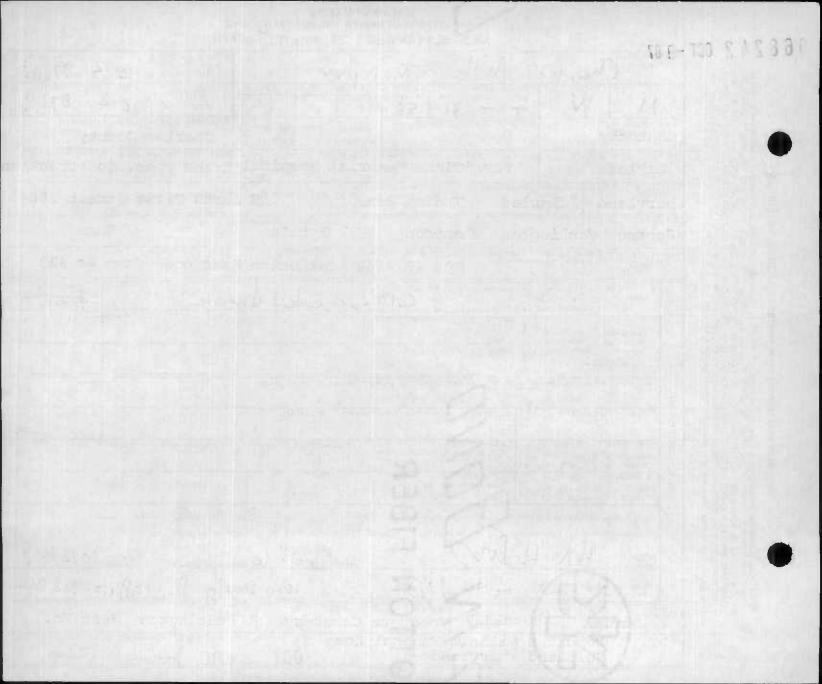
DEPARTMENT OF HEALTH AND MENTAL HOGIENS

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT & HYGIENE 069686 OCT 26187 TATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 20 DAIE KNOWN X TYPE OR PRINT) OF DEATH MATED 10-16-87 2d HOUR DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED DEAD 2 3 1963 MALE CAUCASIAN 24 YRS 1PMM 10-16-87 TO BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY WIDOWED [DIVORCED CALIFORNIA USA CHARLES IN CITY OR TOWN OF DEATH 12g USUAL OCCUPATION (TYPE OF WORK II NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! LaPlata Physicians Memorial Hospital SALES DEPT STORE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 3a STATE 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS VIRGINIA FAIRFAX VIENNA 8003 TYSON OAK CIRCLE YES [] FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE WARREN THEIS KAREN PETERSON A 160 WAS DECEASED EVER IN U.S ARMED FORCES? 166 SOCIAL SECURITY NO. **ADDRESS** ALEXANDRIA, (YES NO, OR UNKNOWN) [(IF YES GIVE WAR OR DATES) MOTHER/ 8516 BOUND BROOK LN VA 22309 230-17-9410 NO ALONG WITH PERMIT, P. 18 CAUSE OF DEATH (Enter only one cause per line lar (a), (b), and (c) W. PRESTON ST. TRANSIT PERMI PART I DEATH WAS CAUSED BY. Gunshot wound of head IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF Conditions, il any, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF HEF MEDICAL EXAMINED AS A BURIAL-DF HEALTH AND MEI RIAL, CREMATION, O lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a CERTIFICATION A USED A ONT OF HE BURIL 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, THIS CERTIFICATE SHOUL EXECUTE THE CERTIFICATE, WRITING THE WORD" "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DUIDE OF PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BATTIMORE, MARYLAND 21201. YESXX NO [21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH self/inflicted 6PMP.M.10-16-8719 21e PLACE OF INJURY LATHOME 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK AT WORK Potomac River nr. Naval Station Indian Head, in an aircraft Maryland Autapsy X 220 I certily that I took charge at the remains described above, held an Suicide X Undetermined manner death resulted from: Natural causes Accident Hamicide ACTILAL SIGNED_10-17-87 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M. D. ADDRESS 111 Penn Street (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23C NAME OF CEMETERY OR CREMATORY 23d LOCATION CLINTON, MARYLAND 10/19/87 CREMATION LEE CREMATORY 07 84 250. DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE DO 24 FUNERAL DIRECTOR DHMH 17 DEMAINE FUNERAL HOMES, INC ALEXANDRIA, VA22314 (VR A15 ME (5))

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FOR STATE

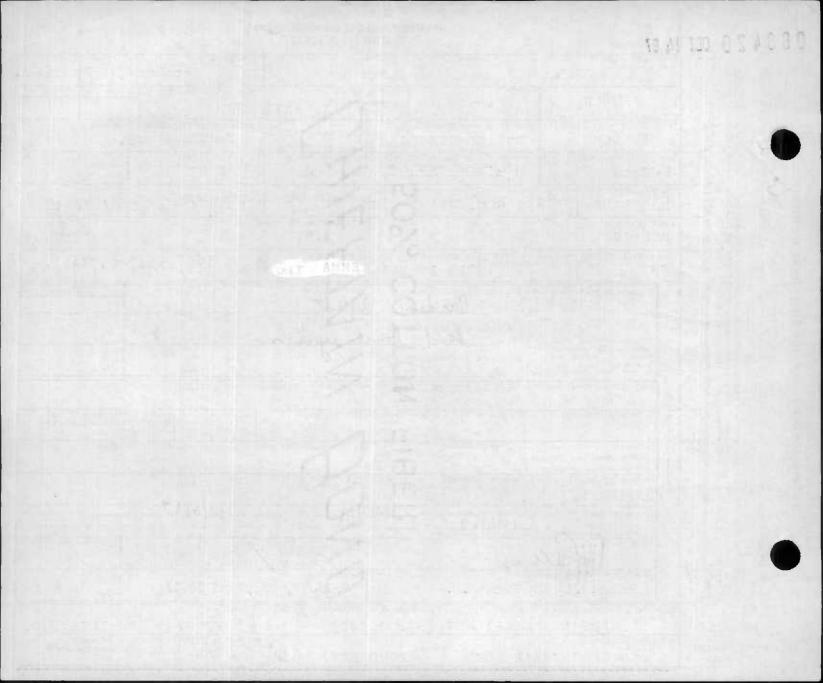
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

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REG. NO.					

1	141	GISTRAR		CERTIFICATE OF DEATH	REG. NO.					
	-	EASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR				
	TYPE	OR PRINT) Helen		Thompson	October	6,1987 9:50 A.				
	2.583	FEMALE	4 RACE BLACK	S DATE OF BIRTH ATTRIL 12, 1937	6 AGE (IN YEARS LAST BIRTHDAY)	IF NOER YEAR IF NIER JOS				
5		RTHPLACE MATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY? UNITED STATE	MARRIED NEVER MARRIED SMIDOWED MORCED	9 BALTIMORE CITY OR COUNT Charles Coun					
1	10 CI	TY OR TOWN OF DEATH	III. NAME OF HOSPITAL, NURSIN Physicians Memor	IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORKING L	126 KIND OF BUSINESS OR				
6	USUA	1	ROTHER INSTITUTION GIVE RESIDENCE BEFORE	*	13e STREET ADDRESS / ZIP COD ROUTE I Box					
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ı		PART I. DEATH WAS CAUSE	nly ane cause per line for Ial, (b), and ED BY: TE CAUSE (a)	in arrest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	NC	Conditions, if any, which gave rise to immediate cause at stating the underlying cause last	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO E	bowel syndron	IN AL DISEASE OR CONDITION GI	VEN IN PART 1 a				
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTÓPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO					
1	140/10	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		PART (JR PAR 2)						
	MEDICAL	21d INJURY OCCURRED NOT WHILE ALL WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE F	ARM EIC) 211 LOCATION STREET	JIY OR TOWN	LUNIY TAIL				
		saw the deceased alive an	ital) attended the deceased fram_ n19 nt sue the book after death	, and that in (my) (aur) apinian of	death accurred an the date and ha	19 that (1 (we) last our and from the causes stated				
,		226 SIGNATURE	emo	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22¢ DATE SIGNED				
1		Robert Timot		Waldorf, Ma	aryland 20601					
		BURIAL, CREMATION, REMOVAL BURIAL		NAME OF CEMETERY OR CREMATORY 1. JOSEPH	POMFRET	CHARLES MD.				
		NERAL DIRECTOR HORNTON FUNE	RAL HOME	POMONKEY, MD DC	FREC D. BY REGISTRAR 256 REGIST 1 3 1987	TRANS SIGNATURE				
	_									

DHMH = 16 60M 7/84

THORNTON FUNERAL HOME (VRA 15, 4)



17	PERSED NAME PERSONNAME		0.0	-		100	AUT	2	DATE KNOWN		047
		RODE RACE		M.	Is AGE IN I		ables		DEATH MATER	8-	- 27/1
0.58		7. NOVE	S. DATE OF R	Stat 1548	SAST BATH	OF STREET	HE SHILL HOUSE		DATE RONOUNCED DEAD	0.	1977
	MI BETHPLACE IN	W W	Sept	19 49	1 / 1	105		·V	BALTIMORE CIT	Y OR COUN	- 27/11 TY OF DE
	lisbu	rv. Md.	775	3.4		WEDOW	ED NEVER MAR	CED D	Charles	s Count	έv
1	ITY OR TOWN	OF DEATH		HOSPITAL, NU		OF OTH	ER INSTITUTION	17s USUA	LOCCUPATION		
1	La Pl		Physic	cian's N	Memoria		spital	Mus	sician		dan
	AL RESIDENCE STATE	12a COU			OR TOWN	104	134: WHOL OFF LIMITS				206
	farylar		arles	Wal	dorf		YES X NO		Heath	cote	Roa
1).	ATHER'S NAME		94000 A		GAST.		IS MOTHERS MAI	1000	water	W	7
1/1	WAS DECEASED	HO!	Dert	Vena	DIES	TY NO.	Verna	we	ber	Venat	tes
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H	W. Company of the San Parks	F DEATH (Enter a	only one cruse p	er line for co. in	Sod St.		terna	COALST IN	100 000	TEODO	APPE
	PARTIDE	ATH WAS CAUS	ED BY		ATTY LE	VER					SETNE
		MMEDI		D, OR AS A COR	777	-	1 - 3				
		ns. If stry, which we to immediate			ECCHOLI.						
	come (a)	stating the under		D. OR AS A CON	NSEQUENCE	OF.	1 10		1467		
	lying cou	HOLE LITTLE									
			1 (4)								
	PART 2 OTHER SI	GWIFICANT CONDITION	AT CONTRIBUTING TO	DEATH BUT NOT RELE	ATED TO THE TEN	MINAL DESEASE	OR CONDITION GIVEN IN	PART Fig.			+
NOI								PART I :-			
ICATION	PART 3 DTHER SI						DE CONDITION GIVEN DE	PART E			20 - Ali
RTIFICATION	1% DATE OF	OPERATION	14b. C0	DINDITION FOR		RATION W	AS PERFORMED?				20 AL
I CERTIFICATION	IN DATE OF	OPERATION L CAUSE WAS	INE CO		WHICH OPE	RATION W			THE OF HAURT IN OU	w (8+a#1) (8+a	(9)
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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_ ,	TYP	CLASED NAM	E FIRST		WIDDIE			LAST		20 DATE K	ESTI X MO	NTH DAT YE	AR ZE HOUR
S S E			Joy	ce	vir	ginia	W.	ilmer		DEATH /	MATED [10/ 9/19	87
FIEST HOUR STREET	3 SEX		4 RACE	5 DATE OF BIRTH	YEAR	6 AGE IN YE			DER 24 HRS	20 DATE	MÓM	TH DAY Y	EAR 7 HOUS
ON STATE		male	White	06/14/4	4	43 y		HS DAYS HOUR	5 MIN	PRONOUNG DEAD		0/ 9/19	
EST		RTHPLACE (LATE OR	76 CITIZEN OF W	HAT COUN	VTRY?	8 MARRI	IED NEVER M	ARRIED .	9 BALTIMO	RECITY OR CO	UNTY OF DEAT	Н
5	V	irgini	La	U.S.A.			WIDOW		ORCED	Char	les Cour	nty,	MD
1	10 C1	TY OR TOWN	OF DEATH	II NAME OF HOS	PITAL, NL	IRSING HOME	, OR OTH	ER INSTITUTION		MAL OCCUPA	ATION (TYPE OF WO	ORK 126 KIND O	F BUSINESS
<		a Plata		Physician	's Me	emorial	Hos	pital	Ho	me ma	ker	at H	
	USUA 13a S	L RESIDENCE	113b. COUI	OR OTHER INSTITUTION GI	13c CITY	ORTGWN		13d INSIDE CITY LIMIT	102 13a STR	REET ADDRES	5	200	130
	Ma.	ryland	d Ch.	arles	Fa	ulkne.	r	YES NO	XI So	uth F	aulkne	r Rd.,	Box222
	14. FA	THER'S NAME		MIDDLE		LAST		15 MOTHER'S M.			DIE	LAST	
		Joseph	Richa.	rd Marti	n	CA31		Glady	s Vir	ginia	Finch	am	
	16a V	VAS DECEASE	DEVER IN U.S. AP	RMED FORCES?		CIAL SECURIT		17 INFORMANT			ADDRESS S	ame as	# 13.
	No	0	1		231-58-7614			Joseph	A. W	pand			
		18 CAUSE O	F DEATH (Enter a	nly ane cause per line	far (a), (b), and (c))							MATE INTERVAL
	-	PARTIDE	ATH WAS CAUSI	ATE CAUSE (a)		E	Blunt	Trauma t	to Che	st		M. M. Cons	A H I WILL DE WILL
Ì	/	6/	50		AS A CON	NSEQUENCE (OF						
			ns, if any, which se to immediate										
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	O	IVO DATE OF	OPERATION	196 CONDIT	TION FOR	WHICH OPER	ATION W	AS PERFORMED?				20 AUTOF	SY?
	RTIF	TI- EYTERNIA	AL CAUSE WAS	215 7145 05	Th Lill ID.							YES [ON E
j		UNDERLYING	N OR		. MONTH	DAY YEAR		OW INJURY OCCU					
	MEDICAL	CONTRIBUTION	VG CAUSE OF	DEATH 11:25				ver of a	uto/fi	xed ob	ject imp	pact	
-	ME	WHILE	NOT WHILE	STREET, FACT	ORY, FARM, E	TC)		TREET 301		GITY OR TOWN		COUNTY	SLATE
l		AT WORK	AT WORK	ra I	oadwa	аў	Rt.	301	F'a	ulkner		charles	Mď.
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l		vernos I	1000	111/1/	V	The	1/77	ITLE ISPECIFY					
		SIGNATURE	Lum	my/	My	1111	ull	Assist	ant MED	ICAL EXAMIN	VER SIG	TE 10/	9/87
5		EXAMINER'S	NAME -		1								
		(TYPE OR PRIN	VT)D	ennis F. S					11 Pen	n St.,	Balto.,	Md. 21	201
	23a BL	JRIAL, CREMA	TION, REMOVAL					RCREMATORY	23d LC	OR TOWN		COUNTY	STATE
		urial INERAL DIREC		10/12/87	M.	t. Res	st Ce	emetery	La	Plat	a, Char	les , Ma	rylan
		NAME		ADDRESS		-			TE REC'D BY	REGISTRAR	The David	15. 5.1(5.P94P\$1.10/de	102
	ALE	enart	runeral	Home, Ir	ic, La	a Plat	a. Mo	d. Ul	CIIJ	50/-	The same to		h

Carte D. Maria Carte Constant Constant

Stablet Sunder Sugar no. of State No. 15 182 /L. Killer No.

broken - sent to Heant Cher-

Waldorf, Md. 2060]

(VRA 15. 4)

STATE OF MARYLAND

